

ORDER BY FAX: 954.697.8211
 ORDER BY PHONE: 1.877.884.TEST (8378)

ORDER FORM

BILL TO:

SHIP TO:

Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Phone:	<input type="text"/>	Fax:	<input type="text"/>
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Name	<input type="text"/>	Email:	<input type="text"/>
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Federal Tax ID#	<input type="text"/>	PO #	<input type="text"/>
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Tax Exemption Certificate (if applicable)	<input type="text"/>
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QTY	Model/Part No.	Description	Unit Price	Ext. Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ship Via (UPS, FedEx, DHL, etc...)	<input type="text"/>	Total:	<input type="text"/>
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Credit Card and Purchase information

Purchase method: <input type="radio"/> AMEX <input type="radio"/> Master Card <input type="radio"/> VISA <input type="radio"/> PO	Mailing Info:
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Name on Card:	<input type="text"/>
Card No.:	<input type="text"/>
Exp. Date:	<input type="text"/>
CCV Code:	<input type="text"/>

Qualitest USA LC
 1323 SE 17th St, #200
 Ft. Lauderdale, FL 33316
 USA

Qualitest International Inc.
 70 East Beaver Creek Rd., #9
 Richmond Hill, Ontario
 L4B 3B2
 Canada

Address where statement is mailed:

<input type="text"/>
<input type="text"/>
<input type="text"/>