

**ORDER FORM - ONLY FAX if including credit card information**

For faster service, please order by name, item number and size. Shipping and insurance charges are prepaid and added to your invoice.

**BILL TO AND ACCOUNTS PAYABLE CONTACT INFORMATION - REQUIRED**

Type of Customer: Medical  Veterinary  Reseller  Distributor

Practice/Customer \_\_\_\_\_ PO # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Customer # \_\_\_\_\_

Ordered by \_\_\_\_\_ E-mail address \_\_\_\_\_

**A/P Contact** \_\_\_\_\_ **A/P Email address** \_\_\_\_\_ **A/P Phone number** \_\_\_\_\_

**SHIP TO** Is this a residence? Yes  No  (we do not ship to P.O. boxes)

Practice/Customer \_\_\_\_\_ PO # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

**PAYMENT OPTIONS**

Please check one: VISA  M/C  AMX  Discover  Check/Money  Net 30 (pre-approved)

CC # \_\_\_\_\_ Exp Date \_\_\_\_\_ SEC Code \_\_\_\_\_ Signature \_\_\_\_\_

**SHIPPING OPTIONS**

Please check one: UPS Ground  UPS Next Day Air  UPS 2nd Day Air  Acc # \_\_\_\_\_

QTY	ITEM #	DESCRIPTION	SIZE	PRICE (U.S. \$)
Total				

Please use additional forms if necessary.

With the completion and submittal of this form you are consenting to Sontec Instruments, Inc. to retain your personal and/or company's data in compliance with the GDPR regulation (EU) 2016/679