

**METAL LPT KIT ORDER FORM**

**FAX: (303) 398-2009**

**EMAIL: DL\_BB\_PA@NJHealth.org**

**CLIENT INFORMATION**

**Account Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**KIT REQUEST**

**Date Needed By:** \_\_\_\_\_

**Quantity of Kits (\$12.00 per Kit. **Minimum Purchase of 5 Kits**) :** \_\_\_\_\_

**Quantity of Kits (\$20.00 per Kit. **<5 Kits**) :** \_\_\_\_\_

***\*An additional shipping charge of \$75 will be added to overnight or expedited shipments.***

**Kits and tubes can also be purchased directly from [www.fishersci.com](http://www.fishersci.com) Catalog No. 22-130-027**

**PAYMENT**

Bill facility       Check payment enclosed with sample

Credit Card: (circle one) Visa   MC Discover American Express

Name on credit card: \_\_\_\_\_ CVV # (Security code) \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ALLOW TWO WEEKS FOR DELIVERY**