## LAMPIRE Product Order Form

. General Information					
Company / Institution:	Recipient Name:	Recipient Name:			
Contact Name:	PO#:	PO#:			
Phone:	Credit Card#:	Credit Card#:			
Fax:	Name on Card:	Name on Card:			
E-mail:	Expiration Date:	Expiration Date: Code:			
Billing / Shipping Information					
Accounts Payable contact:	Ship to contact:	Ship to contact:			
Company:	Company:	Company:			
Dept./Bldg./Room#:	Dept./Bldg./Room	Dept./Bldg./Room#:			
Address:	Address:				
City, State, Zip	City, State, Zip	City, State, Zip			
Phone:	Carrier (FedEx, UF	Carrier (FedEx, UPS, etc.)			
Fax:	Carrier Account #:				
S. Item Information Catalog # Description		UOM/Volume	Qty:	Price or Quote:	
				11100 01 Quoto.	
Please provide any type of special handling or treatment rec		ch product(s) Note:	additional	charges may apply	
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5. Additional Information					
How would you like us to contact you regarding your order? ☐ Telephone		☐ E-Mail ☐ Fax			
How did you hear of Lampire?  Web Search		Journal 🗌 Buyer'	s Guide	se enter name of On-line or Printed Guid	
Please list any additional products of interest to you.	<del>.</del>		. 100		