

Order Form

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www.biovacsystem.com

1. Billing Address <small>(Please print clearly. Fill out all spaces.)</small>	2. Shipping Address <small>(If different than Billing Address)</small>
Company: _____	Name: _____ Title: _____
Name: _____ Title: _____	Company: _____
Address: _____	Address: _____
City: _____ Prov./State: _____	City: _____ Prov./State: _____
PostalCode/Zip: _____ Country: _____	Postal Code/Zip: _____ Country: _____
Phone: _____ FAX: _____	Phone: _____ FAX: _____
e-mail: _____ Web Site: _____	

3. Ordering By:	4. P.O. Number:	5. Shipping Method
Mail: <input type="checkbox"/> Fax: <input type="checkbox"/>	_____	<input type="checkbox"/> U.P.S. Next Day Air <input type="checkbox"/> Ship with B.O. <input type="checkbox"/> U.P.S. 2nd Day Air <input type="checkbox"/> U.P.S. Ground <input type="checkbox"/> One Shippement <input type="checkbox"/> Other carrier detail: _____ # _____ <small>name</small>
Date: _____	customer # _____	

6. Description				
Qty	Part Number	Description	Price per Unit	Total

7. General Information	Shipping & Handling Charges	
All orders shipped F.O.B., Montreal Canada. Recipient responsible for all Taxes, Excise and Import Duties. All descriptions, illustrations and specifications may be changed or products discontinued without notice. Order will be subject to credit approval before proceeding to shipment.	Please add applicable taxes if your order is being shipped to Canada	
	TOTAL	

<input type="checkbox"/> Open an account (Pease fill out the Credit Application Form) <input type="checkbox"/> Prepayment (Enclose check or money order)	Credit Card Number _____
<input type="checkbox"/> Credit card (Please fill in complete information)	
VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/>	Card Holder Name: _____ _____ Signature _____ _____ Expiration Date _____