





Order       Lab Supplies

## Sales Order Form

[Change Order](#)

TODAYS DATE:	PO#	ORDERED BY:	EMAIL ADDRESS:
COMPANY NAME:	SHIP TO ADDRESS:		CITY/STATE:
PH:	FAX:	ZIP:	

SKU#:	QUANTITY	PRODUCT DESCRIPTION	PRICE PER UNIT	TOTAL

CREDIT CARD #:	EXP: MM/YY	CCV#:	CARDHOLDER NAME (PERSON):
CARD BILLING ADDRESS:	CITY/STATE/ZIP:		
<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
SHIPPING METHOD:			<input type="radio"/> Priority Overnight <input type="radio"/> Standard Overnight <input type="radio"/> 2Day <input type="radio"/> Other: <input type="radio"/> 3Day <input type="radio"/> Ground

### LAB SUPPLIES REORDER

Male Kits \_\_\_\_\_  
 Female Kits \_\_\_\_\_  
 Hair Kits \_\_\_\_\_  
 Saliva Kits \_\_\_\_\_

Sales Rep :
Phone Number:

BILLING INFORMATION
PO Number:
Billing Email Address:
SAME AS SHIPPING:
Attention:
Address Line 1:
Address Line 2:
Address Line 3:
City, State, ZIP:

Please return to:  
 sales@americanscreeningcorp.com  
 318-798-3306