

Order Form

To place order fill out this form and fax to 631.737.1286, or email it to customerservice@lab-aids.com.

Bill To:

School: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone #: _____
 Purchase Order #: _____
 Payment: PO Check

Ship To:

Name: _____
 School: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Ship Immediately Ship to Arrive _____ (Date)

Quantity	Item Number	Description	Unit Price	Ext. Price

Our Guarantee *Our guarantee is simple! You must be satisfied with every product you purchase from LAB-AIDS Inc. If you are not 100% satisfied, let us know within 30 days and we will issue a replacement, refund, exchange or credit. Please review the terms and conditions at www.lab-aids.com/termsandconditions.*

Sub Total	
Tax	
12% Shipping & Handling	
Total	