

## ORDER FORM

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Requested Arrival Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Attn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantum View Email: \_\_\_\_\_

Customer UPS / FED EX Acct. No. \_\_\_\_\_

<b>P.O #</b>	<b>Rep:</b>	<b>Terms:</b>
<b>Item #</b>	<b>Quantity:</b>	<b>Price:</b>
<b>Item #</b>	<b>Quantity:</b>	<b>Price:</b>
<b>Item #</b>	<b>Quantity:</b>	<b>Price:</b>
<b>Item #</b>	<b>Quantity:</b>	<b>Price:</b>

**Comments / Special Instructions** \_\_\_\_\_  
\_\_\_\_\_

**Card** \_\_\_\_\_ **Credit Card #** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

Please return this form to Express Diagnostics International, Inc. at 888-444-5754 (fax)

or email [orders@drugcheck.com](mailto:orders@drugcheck.com).