

DATE: _____ SALES REP: _____

EASE DIAGNOSTICS ORDER FORM

Bill To:	Ship To: (cannot ship to P.O. box)
Phone:	Phone:
Customer's Email: <input type="checkbox"/> None	

New Customer: Yes No **New Customer Month/Year (MMYY):** _____

Shipping To: Residence Business

Shipper: **UPS:** Ground Next Day 2 Day Standard WorldWide Express WorldWide Expedited

USPS: Std Priority Express **FedEx:** Next Day - Std Priority **Other:** _____

Payment	Credit Card Information	Card/Account Holder's Name
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> Net 30 <input type="checkbox"/> Check <input type="checkbox"/> E-Check <input type="checkbox"/> Lease <input type="checkbox"/> PayPal <input type="checkbox"/> Wire TX	#: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Exp Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (MM/YY)	Payment Address (if different from above)
	CVN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (3 or 4 digits)	
	E-Check Information	
	Bank Routing #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (9 digits)	
	Account #:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Phone: _____	

QTY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL

In-House Use	SUBTOTAL
RMA: _____	SHIPPING & HANDLING
SN: _____	SALES TAX
	(Proof of tax exempt status required for PA customers)
	TOTAL