Account #	Ship to Name
Date	Address
Company Name	City/State
Contact Name	Zip Code
Phone	P.O. #
Fax	DEA #

Qty	Pack Size	Prod Code	Description	Price

All orders received before 4:00 PM CST will be shipped the same day. **Total:**

Ship:

❑ UPS ❑ FedEx ❑ DHL

❑ Freight Collect Collect Amount No._____

Shipping Option: (Check One)

❑ Next Day Air ❑ 2nd Day Air ❑ 3 Day Select

❑ Ground ❑ Saturday Delivery (if available)

Payment Options: (Check One)

❑ Net 30 ❑ C.O.D. ❑ Credit Card

Credit Card Information: ❑ on file

(Check One) ❑ Visa ❑ Mastercard ❑ American Express

Card #: _____

Exp Date: _____

Signature: _____