Grass Order Form — photocopy as needed

BILL TO:

Institution:
Address:
Address:
City:
State: Zip:
Country:

SHIP TO: (Only if different from BILL TO)

Institution:
Address:
Address:
City:
State: Zip:
Country:

Customer Account #: Date:
Customer Name:
Department:
Phone & Ext. (IMPORTANT):
Fax# for order confirmation:
Email:
For Instrument Model & Serial #:

P.O. #:
Method of Payment: Check or Money Order (payable to Astro-Med, Inc.)
VISA MasterCard American Express Discover
Credit Card #:
Expiration Date:
Card Holder's Name:
Signature:

model /part number	description	quantity	unit price	total

Sales Tax: State and local tax will be applied where necessary (CA, CT, FL, MA, MN, TX, & RI). No tax on export orders.

Subtotal	
Tax	
*Shipping	
Total	

***Shipping and insurance prepaid and added to invoice.** All prices are Ex-Works factory, U.S.A. Astro-Med will determine actual freight charges at time of shipment and add this amount to your order total.

Ship Via: ___ UPS Ground ___ UPS 3 Day ___ UPS 2 Day ___ UPS Overnight
___ UPS Express (international)
___ FedEX Ground ___ FedEX Overnight ___ FedEX (international)
___ Express Mail ___ Parcel Post ___ Air Parcel Post (international)
___ Other

Please ship freight and insurance collect via:
DHL account #: _____
UPS account #: _____
FedEx account #: _____
Air Cargo to nearest airport: _____
Special Instructions _____

$100.00 minimum order. ($50.00 minimum order on the Online Store.)

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