

CASING SCIENTIFIC FAX ORDER FORM

U.S. Fax 1 888 661 5667 Local & International Fax

Fax. 1 254 731 2522

Tel. 800 358 6105

Request Copy of
Brochure

BILL TO ADDRESS:

Organization name: _____

Attn: _____

Street Address / P O BOX _____

City, State, Zip _____

Contact Telephone _____

Fax _____

SHIP TO ADDRESS:

Organization name: _____

Attn: _____

Street Address _____

Building name/Room No. _____

City, State _____

Zip Code _____

Contact Telephone _____

Fax No. _____

Confirmation Email _____

Credit Card Information:

Card No. _____

Expiration Date (MM/YY) ____ Card Type: ____

Three digit code _____

Name on Card: _____

REQUEST NET 30 TERMS:

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

CATALOG NO. _____ QTY. _____

SIGNATURE: _____

PRINTED NAME _____