

PRODUCT ORDER FORM

Company Information

Company Name _____

Accounts Payable Contact _____

Address _____

City, State, Zip _____

Telephone _____

Email address _____

Invoice email address _____

Shipping Information (if different than above)

Name _____

Company _____

Address _____

City, State, Zip _____

Telephone _____

Select shipping method: Ground 2-Day Air Next Day Air
 Collect _____

Shipment of supplies is usually within 2 Days ARO (after receipt of order). If applicable, State Sales Tax will be added to invoice.

If you choose other than Ground Shipment, additional freight charges will apply.

A freight quote is required if your order is greater than \$1,000.00, or if shipping outside of the U.S. Please contact customer service at the number provided below.

Hazmat fee per pkg for Dry Gas is \$37/ground, and \$62/express, plus freight charge per chart below.

Estimated U.S. S&H Charges (excluding Alaska & Hawaii) for Orders under \$1000.00

Order Value (plus tax)	Ground	2nd Day	Standard Overnight
\$25.00 to \$49.99	\$15.00	\$45.00	\$90.00
\$50.00 to \$99.99	\$17.00	\$50.00	\$110.00
\$100.00 to \$199.99	\$30.00	\$60.00	\$130.00
\$200.00 to \$299.99	\$35.00	\$70.00	\$140.00
\$300.00 to \$399.99	\$45.00	\$75.00	\$150.00
\$400.00 to \$499.99	\$50.00	\$85.00	\$160.00
\$500.00 to \$599.99	\$55.00	\$90.00	\$170.00
\$600.00 to \$699.99	\$60.00	\$95.00	\$180.00
\$700.00 to \$799.99	\$70.00	\$100.00	\$190.00
\$800.00 to \$899.99	\$75.00	\$105.00	\$200.00
\$900.00 to \$999.99	\$80.00	\$110.00	\$220.00

Date _____

Contact Name _____ Phone _____

Email (to be notified when order ships) _____

Customer ID (not required) _____

Instrument you are currently using: _____

Order Information:

On-line ordering: www.intox.com • Questions: (314) 429-4000 • Minimum Order: \$25.00
Email ordering: Email this completed order form to sales@intox.com.

Description	Part Number	Qty	Unit Price	Extended Price

Payment Information:

Net 30 Days Purchase Order # (if required by your company) _____

Payment Terms (Note: Purchase order, if you are a hospital, email your purchase order with request to sales@intox.com)

New Customer Bill My Account #: _____ PO# _____

Net 30 days (for est. accounts) Email to send invoice: _____

Credit Card Name: _____ Phone number: _____

Our team will contact you shortly to assist with the payment process.

For all sales tax exempt customers: please attach a copy of your exemption certificate.

New customers: Please submit a W-9 to sales@intox.com along with your order.

If you wish to establish an Open Account, please authorize a credit inquiry with your signature:

 Authorized Signature D&B No., if applicable