

VALLEY BIOMEDICAL ORDER FORM

Fax to (540) 868-2777

Product Information

Date: _____

Product Name _____

Catalog Number _____

Quantity _____

Size _____

Price Quoted _____

Shipping Information

Company Name: _____ Attention: _____

Address: _____

Courier: _____

Account #: _____

Delivery Date: / / or **ASAP**

Phone Number: () _____

Fax Number: () _____

Billing Information

Purchase Order #: _____ Credit Card: _____

Phone Number: () _____ Expiration Date: / /

Fax Number: () _____ Name on Card: _____

Card Type: Visa MC Amex

Address: _____

Freight charges will be prepaid and added.