

URICULT ORDER FORM

Vetlab Supply

7-5509 53-1848

	18131 SW 98 Co
orders@vetlab.com	Palmetto Bay FL 3315
	800-330-1522 • 305-2
www.vetlab.com	

Person Completing Profile						Date		
Hospital/Practice/Facility Name					Email			
Owner Name				Phone		FAX		
Shipping Address City			City	State		ZIP		
Billing Address (If different)			City	State	Zip	WEB site		
Contact Name				Lab Technician				
Is your business Tax Exempt?(Please include Tax exempt Certificate)						□ Yes	□ No	
Practice Type (Please check all that apply)						□ Emergency	□ Equine	
□ Aquarium/Zoo □ Large Animal □ Mixed □ Education □ Research/Lab						□ Physician	□ Distributor	
	□ Other (Specify)	-0		_ □ Spec	ialty (Specify) _			
QTY	ITEM NUMBER	DESCRIPTION				UNIT PRICE	EXTENDED PRICE	
			Dip CLED/EMB; p					
	MCR-ODU1000 MCR-ODUCHART	3 BXS)	estation color about	55.83 9.25				
	EQP-INQCY10140		etation color chart mpact; 0.7 cu ft	499.00				
	LQI -INQCT 10140		pators available; c	499.00				
		***Pri Shipping						
		gg		Total				
Please	check 🗆 Mast	erCard	□ VISA		AMEX			
Card Number Expiration Date				CIN	CIN (3 digits on reverse)			
Name a	s it appears on card	Ļ						
Card BILLING address City					State	ZIP		
Signature of card holder						Date		
		Terms and Co	anditions					
Vetlab Su	ipply has a minimum order require			poing charge	s on all credit/debit	card purchases.		
	S ***Special order items may		·	F.I. 9 Shargo	a 0.0010 00011	a p a. o. iaooo.		
Returns r <i>undama</i> ์	nust be authorized & have a Retu ged, sellable condition. Upon re g fee; customer is responsible for	rn Materials Autho ceipt of items cred	rization (RMA) numbe it will be posted to cus					

Return completed form by fax 305-232-8421 or email orders@vetlab.com *