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Ordered by:			Ship to: if different than ordered by		
Date (mm/dd/yy):					
First name:			First name:		
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Facility's name:			Facility's name:		
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City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		
E-mail:			E-mail:		
Items Order			rdered		
Quantity	Order Number	Descrip	tion Unit Price Total		
		-			
Method Of Payment					
				Sub Total	
_	or debit card: Visa	Master Card	Discover	(In GA., and	
Card number:				not tax-	
Expiration Date (MM/YY):				exempt) Add	
Card Security Code:				5% Tax (If	
Name on card:				Applicable)	
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- <b>By Check Enclosed:</b> (Make Payable to: Microscopes America, Inc.)  My Signature Authorizing This Order:					