

## 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](http://www.intox.com) • Questions: (314) 429-4000 • Minimum Order: \$25.00

Email ordering: Email this completed order form to [sales@intox.com](mailto: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](mailto: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](mailto: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 \_\_\_\_\_