

CUSTOMER INFORMATION	SHIPPING INFORMATION
Company Name	<input type="checkbox"/> Same Company Name
Contact Name	Shipping Address
Billing Address	City, ST. Zip
City, ST. Zip	Shipping Phone:
Phone	Shipping Email
Email	CLIA #

Quantity	Price per Box	Product Description	Totals
			\$
	I		\$
			\$
		lifeSign COVID 19 + Influenza A/B Rapid Antigen combination tests 25 tests per box \$18.50 in stock DSG	\$

Shipping: 2nd day air FedEx Overnight

Note: The actual shipping cost will be calculated at the time of shipment and added to the total. A sales receipt that includes that shipping charge will be sent via email.

Total before shipping \$

Notes/other info:

PAYMENT OPTIONS: Payment is due in full at time of order

All orders can be paid via pre-paid invoice
using credit card on line, we will email invoice

Credit Card payment

CLIA # _____

Zip Code for CC _____

Card #:

Exp. Date:

CVV Code:

Name on card:

By signing below, I acknowledge the statement above and further agree that I will be paying the total due indicated above via credit card or wire transfer for the above agreed upon products. *I understand products will not be shipped until total due is paid-in-full.*

Authorized Signature: _____ Date: _____

Distributed by:

Phone:

Email: