



ORDER FORM

■ HOW TO ORDER

BY MAIL: LaMotte Company
 PO Box 329
 Chestertown, Maryland 21620
 USA

BY PHONE: 800 344 3100
 410 778 3100
BY FAX: 410 778 6394
EMAIL: csr@lamotte.com

■ BILL TO

Name _____
 Title _____
 Company _____
 Mailing Address _____
 City _____
 State/Zip _____
 Phone _____
 Account # _____

■ SHIP TO

Name _____
 Title _____
 Company _____
 Street Address _____
 City _____
 State/Zip _____
 Phone _____
 SHIP VIA _____

Special Instructions: _____

■ PAYMENT METHOD

Payment Terms are net 30 days to accounts with established credit. New accounts should provide credit references or enclose payment with order. MasterCard and VISA are also accepted.

Check Credit Card Account # _____ Exp. Date _____
 Purchase Order Purchase Order # _____
 MasterCard
 VISA Signature _____
 AMEX

■ ORDER

Please include the product code number for each item ordered to insure that your order is speedily and correctly processed. Prices are f.o.b., Chestertown, Maryland. Prices are subject to change without prior notice. A \$25.00 handling fee is applied to all orders totaling less than \$50.00 (freight fee additional to be added).

Actual freight charges are added to orders of \$50.00 or more.

QUANTITY	CODE	MODEL/DESCRIPTION	UNIT PRICE	EXTENSION

NET TOTAL _____
 \$25.00 HANDLING FEE (if net total is less than \$50.00) _____
 FREIGHT (to be determined) _____
 SALES TAX, if applicable (Maryland only) _____
INVOICE TOTAL _____