

Print this form, complete it and
SEND it along with your items
to be processed.

Today's Date: _____

CUSTOMER INFORMATION:

Name: _____

Day Phone: _____

Alternate Phone: _____

Email Address: _____

How did you hear about us?

Comments/Suggestions:

Billing Address:

Shipping Address: (if different from Billing Address)

Quantity	New/Used	Description	Unit Price	Amount

Sub Total	
Handling	\$5.00
TOTAL (Excluding Shipping*)	

Payment Method: VISA MasterCard

Credit Card #

Expiration MO/YR

CCV #

Card Holder (please print) _____

Signature _____

Credit Card Billing Address (required for fraud prevention)

Address _____

City/St _____ Zip _____

Sorry, no personal checks accepted.
DO NOT SEND CASH with your order. We are not responsible for loss.

UPS Return Shipping Preference:

Ground

3 Day

2 Day

Next Day

UPS Acct # _____

Do you want your items insured? YES / NO

If Yes, specify value: \$ _____

*Shipping Charges will be calculated per individual order. Please specify your return Shipping Preference in the box at left and we will calculate your shipping charge and add it to your total. NW Cryogenics will pass on our best rates possible to keep your shipping charges to a minimum.

By signing below, customer agrees to NW Cryogenics terms and conditions.
Authorized Sig: _____