

# Compliance on Demand™ Order Form

Date:

Customer P.O.:

**BILL TO:**

Name:  Company:

Street Address, City, State ZIP:

Phone #:  Email:

**SHIP TO:**

Check if same as Billing

Name:  Company:

Street Address, City, State ZIP:

Phone #:  Email:

**KIT REQUESTS**

QTY	PRICE*	KIT TYPE
<input type="text"/>	\$500	Multiple Technician
<input type="text"/>	\$300	Medium Complexity
<input type="text"/>	\$200	High Complexity
<input type="text"/>	Call for pricing	Surface Sampling (10 plates)
<input type="text"/>	Call for pricing	Glove Fingertip Sampling (10 plates)

\* Cost split over two invoices: one when kits are sent out and one when plates/kits are returned for processing.

Comments:

**FOR ALG USE ONLY**

Date Order Received by ALG:  ALG Invoice No.:

Date Shipped:  Date Delivered to Client/ALG Tech Initials:

Insulated Box?  S  M  L  N/A Shipped Via:  Shipping Cost: