			Perma Pure Order F	orm				
PO#:	PO Date:				_			
Buyer Name:	Buyer Phone:				E-mail:			
Bill To				Ship To	Same as Bi	II To? Yes:	No:	
Billing Address2:								
City, State, Zip:								
E-mail address for order confirmation:				E-mail address for invoice:		Mail hard cop		
Terms:		: Our terms are 'Net 30' upon us, please indicate 'Prepay' o		lo not have terms	Product Application	n:		
		Request credit application (Y/N)?			Type of Business:			
-	Tax Exempt? (Y/N)?				77.			
Ship via:	FedX Acct#			_	Purchase Amount \$0 - \$750 >\$750 - \$1,500	N. America \$9 \$14	Outside N. America \$12 \$18	
	Other			_	>\$1,500 - \$5,000	\$21	\$27	
					>\$5,000 - \$10,000	\$31	\$36	
F.O.B.: Ex-works; Lakewood, New Jersey					>\$10,000	\$41	\$46	
Quantity	Item#	Description	Unit Cost	Amount	Credit	Card Info Require	ed:	
		·			Credit card Numbe	r:		
					Expiration Date	e:		
					Security Code:			
					Name as it appears on the card:			
	Total:							
Required by Delivery Date: _		Acceptable sooner (Y/	N)?:	-	Billing address for credit	card (include zip c	code):	
Please submit your order to info@permapure.com. All orders are confirmed within 2 business days.					E-mail receipt to:			

Thank you for choosing Perma Pure for your gas analyzing needs!



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