

Perma Pure Order Form

PO#: _____ PO Date: _____
 Buyer Name: _____ Buyer Phone: _____ E-mail: _____

<u>Bill To</u>	<u>Ship To</u>	Same as Bill To? Yes: _____ No: _____
Company Name: _____	Company Name: _____	
Billing Address1: _____	Address1: _____	
Billing Address2: _____	Address2: _____	
City, State, Zip: _____	City, State, Zip: _____	

E-mail address for order confirmation: _____ E-mail address for invoice: _____ Mail hard copy (Y/N)?: _____

Terms: _____ Note: Our terms are 'Net 30' upon credit approval. If you do not have terms with us, please indicate 'Prepay' or 'Credit Card'
 _____ Request credit application (Y/N)?
 _____ Tax Exempt? (Y/N)?

Product Application: _____
 Type of Business: _____

Shipping: All orders for delivery within the U.S. will ship via UPS prepay and add. If you have a preferred carrier, please indicate the carrier name and your account # with them. A nominal packaging fee will be added to all freight collect or 3rd party billing.

Ship via:	UPS Acct# _____	Packaging Fees:	Purchase Amount	N. America	Outside N. America
	FedX Acct# _____		\$0 - \$750	\$9	\$12
	DHL Acct# _____		>\$750 - \$1,500	\$14	\$18
	Other _____		>\$1,500 - \$5,000	\$21	\$27
			>\$5,000 - \$10,000	\$31	\$36
			>\$10,000	\$41	\$46

F.O.B.: Ex-works; Lakewood, New Jersey

Quantity	Item#	Description	Unit Cost	Amount
Total:				

Required by Delivery Date: _____ Acceptable sooner (Y/N)?: _____

Credit Card Info Required:
Credit card Number: _____
Expiration Date: _____
Security Code: _____
Name as it appears on the card: _____
Billing address for credit card (include zip code): _____
E-mail receipt to: _____

Please submit your order to orders@permapure.com. All orders are confirmed within 2 business days.



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

Perma Pure LLC 1001 New Hampshire Ave Lakewood, NJ 08701 p: 800-337-3762 f: 732-244-8140

orders@permapure.com info@permapure.com www.permapure.com