

Please print this form and fax to (305) 232-8421 (Credit Card orders only)  
or mail form with payment to address below, or call (800) 330-1522

# Kova System Order Form

Date: \_\_\_\_\_ Order Placed by: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Practice Type (circle all that apply)    Small Animal     Large Animal     Exotic

Other: \_\_\_\_\_ Physician: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax# \_\_\_\_\_

Email: \_\_\_\_\_

| QTY                                       | ITEM#           | DESCRIPTION  | PRICE           | EXTENDED |
|---|-----------------|--|-----------------|----------|
|   | URN-KOV8714100S | Kova Urine Sediment Sys( <i>includes tubes,caps,petters,and slides for 100 tests</i> ) | 103.00          |          |
|   | URN-KOV87137    | Kova Tubes; Case/500   | 100.15          |          |
|   | URN-KOV87135    | Kova Petter; Pkg/500   | 135.14          |          |
|   | URN-KOV87100    | Kova Slides w/ Grid; 400 Tests; Pkg/100  | 105.45          |          |
|   | URN-KOV87116    | Kova Stain (25 ml)   | 35.09           |          |
|   | URN-LBLUA       | Self Adhesive Label for Urinalysis; 500/roll   | 31.50           |          |
| <b>***Prices are subject to change***</b> |                 |  | <b>Subtotal</b> |          |

**\*\*Shipping charges vary depending on location; actual costs are added to all orders at time of shipment\*\***

**\*\*Sales tax will be added on Florida orders. Please call for exact total\*\***

For charges to be applied to a MasterCard or Visa please complete:

Card# \_\_\_\_\_ Exp: \_\_\_\_\_ CID (Card Security #) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address (if different from shipping address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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