

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

# UV Pen 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
	EQP-SP330005	UV Light Pen	21.50	
	EQP-SP330005BT	UV Pen Battery; Pkg/4	5.96	
	EQP-SP330005IR	Black Ink Refill for UV Pen	3.58	
			<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: \_\_\_\_\_

