

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

Uricult 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
	MCR-LFS1000	Uri-Cult Urine Dip CLED/EMB 10/Pkg	23.90	
	EQP-INQCY140	Incubator; Compact; 0.7 cu.ft	345.00	
	Color Chart Provided Free with 1st Order (Add'l Color Charts Available \$10.00/Ea)		10.00	
<i>***Prices are subject to change***</i>			Subtotal	

****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: _____

