



Fax your order to (+ +1) 512-233-2281

1167 Raintree Drive, Charlottesville, VA 22901 USA Phone: + +1 434 825-7627

Date: _____

Purchase Order Number: _____

Shipping Information:

Name: _____

Phone Number: _____

E-mail: _____

Institution: _____

Attention: _____

Shipping Address:

City: _____

State: _____

Zip Code: _____

Country: _____

For Credit Card Purchases Only:

Name as it appears on card: _____

Cardholders Address: _____

Type of card: MC Visa Amex (Please Circle One)

Account #: _____

Expiration Date: _____ Signature: _____

Billing Information: (if different from shipping address)

Institution: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Product	Item #	Unit	Unit Price	Quantity	Total Price (US\$)
TOTAL ITEMS (This does not include Shipping & Handling)					

Thank you for your order. Once the order has been processed you will receive a conformational E-mail which will include the Total Cost of the Order (including shipping and handling), and your items estimated arrival time.

1167 Raintree Drive Charlottesville, Virginia 22901 USA

www.respiratoryresearch.com (434) 825-7627; fax (512) 233-2281 info@respiratoryresearch.com