

PURCHASE ORDER

Please FAX this order form OR fax this form with YOUR COMPANY ORDER FORM and provide additional information not contained on your company form. Thank you.



To: **Research Diets, Inc.**
 20 Jules Lane
 New Brunswick, NJ 08901 USA
Fax: 732-247-2340
 Phone: 732-247-2390

Date: _____

PO# _____

Page # 1 of ____ pages

Bill to: _____ _____ INSTITUTION/COMPANY _____ DEPARTMENT/DIVISION _____ ADDRESS _____ ADDRESS _____ CITY STATE/PROVINCE ZIP/ POSTAL CODE _____ COUNTRY Accounts Payable Phone Number: _____	Ship to: _____ _____ INSTITUTION/COMPANY _____ DEPARTMENT/DIVISION _____ ADDRESS _____ ADDRESS _____ CITY STATE/PROVINCE ZIP/ POSTAL CODE _____ COUNTRY Attention: _____
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Order Placed by:

NAME _____	Phone: _____ X _____
SIGNATURE _____	COUNTRY CODE AREA CODE NUMBER EXTENSION
TITLE _____	Fax: _____
	COUNTRY CODE AREA CODE NUMBER
Bill to: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____	Expires ____ / ____
Name on Card: _____	

Please ship the following on or before _____ (DATE)

Quantity	Unit <small>kg, jar, etc</small>	Product Number	Description & Form <small>pellet (extruded), powder (meal), liquid, or tablet</small>	Price per Unit	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Continued on second sheet . . . Total \$ of additional line items from 2nd sheet → \$ _____

Terms: Net, 30 days from date of shipment. All prices in U.S. dollars **Sub-Total** \$ _____

Shipping charges are pre-paid and will be added to your invoice. **Estimated Shipping** + \$ _____

Estimated Total \$ _____

Researcher/Principal Investigator:	Postal Address: _____ or <input type="checkbox"/> same as "Ship To"
Name: _____	_____ INSTITUTION/COMPANY
Email: _____	_____ DEPARTMENT/DIVISION
Phone: _____	_____ ADDRESS
Fax: _____	_____ CITY STATE/PROVINCE ZIP/ POSTAL CODE

For Research Diets use only P. O. will follow by FAX Taken by: _____

PO-8/5/04