



ORDER FORM

■ HOW TO ORDER

BY MAIL: LaMotte Company
PO Box 329
Chestertown, Maryland 21620
USA

BY PHONE: 800 344 3100
410 778 3100
BY FAX: 410 778 6394
EMAIL: csr@lamotte.com

■ BILL TO

Name _____
Title _____
Company _____
Mailing Address _____
City _____
State/Zip _____
Phone _____
Account # _____

■ SHIP TO

Name _____
Title _____
Company _____
Street Address _____
City _____
State/Zip _____
Phone _____
SHIP VIA _____

Special Instructions: _____

■ PAYMENT METHOD

Payment Terms are net 30 days to accounts with established credit. New accounts should provide credit references or enclose payment with order. MasterCard and VISA are also accepted.

☐ Check Credit Card Account # _____ Exp. Date _____
☐ Purchase Order Purchase Order # _____
☐ MasterCard
☐ VISA Signature _____
☐ AMEX

■ ORDER

Please include the product code number for each item ordered to insure that your order is speedily and correctly processed. Prices are f.o.b., Chestertown, Maryland. Prices are subject to change without prior notice. A \$25.00 handling fee is applied to all orders totaling less than \$50.00 (freight fee additional to be added).

Actual freight charges are added to orders of \$50.00 or more.

QUANTITY	CODE	MODEL/DESCRIPTION	UNIT PRICE	EXTENSION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NET TOTAL _____

\$25.00 HANDLING FEE (if net total is less than \$50.00) _____

FREIGHT (to be determined) _____

SALES TAX, if applicable (Maryland only) _____

INVOICE TOTAL _____