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Order Form

Product ID	Quantity	Unit Price (USD)	Extended Price (USD)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Quote Number: _____ (if applicable) Shipping and Handling _____
 Total Price (USD) _____

Bill To (required):
 Name: _____
 Company: _____
 Address: _____

 Country: _____
 Telephone: _____
 Email: _____

Ship To (required):
 Name: _____
 Company: _____
 Address: _____

 Country: _____
 Telephone: _____
 Email: _____

Payment Method:
 Purchase Order - terms NET 15 +2% after 15 days
 Provide PO number: _____
 Credit Card (Litron will bill you through PayPal)
 Pre-Pay with Bank Transfer (contact Litron for details)

End User Name: _____
 End User Email: _____
 End User Phone: _____

*International orders only: Incoterms® 2020: CPT, destination airport. This is an uninsured shipment. Customer should obtain their own insurance.
 Customer will be responsible for duties and taxes.*

Ultimate Consignee is (Check One):
 Direct Consumer (non-government)
 Reseller (non-government)
 Government Entity
 Other: _____

Print Name: _____ Signature: _____ Date: _____

By signing this document, I accept these terms and affirm all information above is accurate to the best of my knowledge.