



3500 Winton Place  
 Rochester, NY 14623  
 585-442-0930 (phone)  
 585-442-0934 (fax)  
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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 (fill out credit card section below)
  - Pre-Pay with Bank Transfer (contact Litron for details)
- International orders only: Incoterms® 2010: CIP, destination airport. Customer will be responsible for duties and taxes.*

**End User Name:** \_\_\_\_\_

**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.*

**Credit Card Info: IMPORTANT – send credit card information via fax ONLY – 585-442-0934**

MasterCard  Visa  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (MM/YY)

CVV2 Number (last 3 digits on back of card): \_\_\_\_\_

Dollar Amount: \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_ (USD)

**Litron Use Only**

Transaction Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Authorization Code: \_\_\_\_\_

Person Performing: \_\_\_\_\_