

Fax Order Form - GLASS SYRINGES



Catalog No.	Item Description	Qty	Unit Price	Total
SUBTOTAL				

Bill to:

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Ship to: Check here if same as **Bill to**

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Payment Methods: **Approved Purchase Order #** _____ **Check #** _____

Credit Card: (circle one) Visa Mastercard Discover Amex Diners Club

Card # _____ Expiration Date _____ 3-Digit Security Code _____

Authorized Name/Signature: _____ All unsigned orders will be returned for signature.

How to reach NTT: For routine requests for information, you can contact us via phone, mail, or e-mail through the internet at info@nttworldwide.com or through our website: <http://www.nttworldwide.com>

Business hours: 9:00 AM - 5:00 PM PST Monday through Friday

Phone: 916-383-6800 Shipping/Mailing Northern Technology & Testing

Fax: 916-383-7794 Address: 8140 Industrial Parkway, #8

Toll Free: 800-590-0688 Sacramento, CA 95824