LascoLaser.com

Bill To: (Credit Card Billing Address)	Ship To:
Company Name	Company Name
Contact Name	Contact Name
Address	Address
State Zip	State Zip
Phone	Phone
Fax:	P.O. Ref #
Email:	Check #

Master Card	**Card Number (- - -)**
Visa	**Expiration Date: (/) (Month / Year)**
American Express	**CCID # (_____)**

Quantity	Part Number	Description	Unit Price	Total Price
			Total	
			(Applies to Michigan only 6%) Sales Tax	
			(Quote shipping from website, UPS Ground is Free over $199.00) (Select choice below) Shipping	
			Grand Total	

____UPS—Next Day Air Early AM
____UPS—Next Day
____UPS—Next Day Saver
____UPS—Second Day Air
____UPS- - Three Day Select
____UPS - Ground
____US Postal—Express Mail
____US Postal—Priority Mail

Please let us know if you have any questions

Phone 866-374-5428 (Toll Free) **Phone**: 616-949-5070
Fax: 616-949-2137

Signature_____Date_____

Name: (Please Print) _____