# ORDER FORM

**Name** _____ **Company** _____

**Address** _____

**City** _____ **State** _____ **Zip-Code** _____

**Country** _____

**Phone** _____ **Fax** _____

**E-mail** _____ **P.O. Number** _____

| CATALOG # | QUAN-TITY | DESCRIPTION | UNIT PRICE | TOTAL |
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| **Method of Payment**<br>! MasterCard ! Visa ! America Express ! Check or Money Order<br>_____ _____<br>Charge Card Account Number Expiration Date<br>_____<br>Signature | TOTAL PRICE OF ITEMS | |
| | SHIPPING AND HANDLING | |
| | TOTAL | |

Shipping Address (if it is different from above):

AC Diagnostics, Inc.; Web: www.acdiainc.com; E-mail: infor@acdiainc.com.; Tel: (479) 595-0320; Fax (479) 251-1791