CONNECTICUT VALLEY
BIOLOGICAL
SUPPLY COMPANY

Order Form

ORDER BY MAIL: P.O. Box 326, Southampton, MA 01073 ORDER BY PHONE: 1-800-628-7748
ORDER BY FAX: 1-800-355-6813 ORDER BY E-MAIL: connval@ctvalleybio.com

Account # _____ P.O. # _____

INVOICING TERMS: Net 30 Days Catalog Prices are F.O.B. shipping point.

Date _____

SHIP TO:

_____
First Name MI Last Name

_____
Title

_____
Department

_____
Institution/Firm

_____
Street Address (We cannot deliver to P.O. boxes or P.O. ZIP codes)

_____
City State/Prov ZIP/Postal Code

_____
Country (other than USA)

Daytime Phone (____)_____ Work Phone (____)_____

Fax (____)_____ E-mail _____

Order Authorization Signature _____

BILL TO:

NOTE: Credit card orders "Bill To" address must match address on credit card.

_____
First Name MI Last Name

_____
Institution/Firm

_____
Street Address or P.O. Box

_____
City State/Prov ZIP/Postal Code

_____
Country (other than USA)

SHIPPING

Desired Date of Arrival _____

SHIPPING METHOD: ○ Best Way ○ Other _____

All transportation charges must be paid by the purchaser. We prepay shipping charges and add the amount to the invoice. Please see Terms/Shipping/Guarantee.

*SALES TAX INFORMATION

Non-Institutional cash sales must include shipping/handling charges and MA Sales Tax if applicable. Please see Terms/Shipping/Guarantee.

TAX EXEMPT: If tax exempt, a copy of exemption certificate is required. Purchases must be paid from institution or corporate funds to meet tax exempt requirements.

**NO MINIMUM ORDER

However, a $3.00 service charge will be added to each shipment totaling less than $25.00 (excluding freight).

CATALOG NUMBER	PAGE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
		Please list additional items on second page			

PAYMENT METHOD

○ Check or Money Order Enclosed for $ _____
(U.S. funds only – Make payable to Connecticut Valley Biological Supply Company)

NOTE: For checks and money orders, if materials total less than $50.00, include 20% for shipping and handling. If materials total $50.00 or more, include 10% for shipping and handling. C.O.D. orders cannot be accepted.

Charge to my:

○ MasterCard ○ VISA ○ American Express ○ Discover

Credit Card Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date _____ / _____ (Month/Year)

X _____
Signature (as shown on credit card)

Subtotal this page	
Subtotal from other side	
Combined Subtotals	
Sales Tax* (MA add 5%)	
Add $3.00 if under $25.00**	
Shipping	*See details above*
ORDER TOTAL	

Thank you for your order!

CATALOG NUMBER	PAGE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
				Subtotal this page	