

sales@ilabamerica.com

Order Form

Date

	iLAB America Inc. 45 Hemlock Street Selden, NY 11784			Date: PO #						
Bill To	Name :			Ship T		Name :				
	Company Name :	Company			Name:					
	Street Address :					Street Ad	dress :			
	City , State , Zip :	City , State , Zip :								
	Phone:					Phone :				
Shipping Method Shipping T				erms			Delivery Date			
Qty	Item # Description						Unit Price		Line Total	
	IL-UVS1-R2	izer				699				
	IL-18WTUV)				124				
	-			Subtotal						
				(18"x 12"x 6" box, approximately 6 lbs) Sh				ipping		
				Sales			Tax (LI NY 8			
								Total		
	se send a copy of your form.	If paying by credit or debit card			Exp Date (MM/YYYY):					
	er this order in accor	G 137 1				CVC	,			
terms, delivery method, and specifications listed above.								CVC cc	CVC code:	
3. Send all correspondence and payment				Name: Address:						
payable to:										
	iLAB America Inc. 45 Hemlock Street			City:						
Sel	den, NY 11784		Phone #:							
Fax	x. 631-696-4460		-							

Authorized by