FAX ORDER FORM

GALLIPOT®, Inc.

2400 Pilot Knob Road
St. Paul, MN 55120
800.423.6967 651.681.9517
Fax 800.339.1596 651.681.9001
Email: customerservice@gallipot.com
www.gallipot.com

Customer Account Number _____

Date/ Time _____

Purchase Order Number _____

DEA Number _____

Ship To:

Company _____

Contact _____

Attention _____

Telephone _____

Address _____

_____

City _____

State _____ Zip _____

Email _____

Fax _____

Item Number	Description	Unit Size	Qty	Unit Price	Total Price
Prices subject to change without notice.			**TOTAL** (Before shipping)		

Method of Payment

- ❑ Open Account
- ❑ COD
- ❑ Credit Card
  - ❑ MasterCard ❑ Visa ❑ American Express ❑ Discover

Name on Card: _____

Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Exp. Date: _ _ (Mo.) _ _ (Yr.) Signature: _____

CC Billing Address: _____

CC Billing City/State/Zip: _____

SHIPPING:

Extra shipping charges assessed for Puerto Rico, HI, AK, and all rush orders.

- ❑ UPS Next Day ❑ 2nd Day
- ❑ UPS 3 Day Select ❑ Other
- ❑ UPS Ground

Same day shipping on all orders made by 4:00 pm CST.

Would you like a representative to call and confirm your order? ❑ Yes ❑ No

Please retain a photocopy of this form for future orders