



ORDER FORM & CREDIT CARD AUTHORIZATION

CARD HOLDER INFORMATION

Name _____
 Billing Address _____
 City _____ State _____ Zip _____
 Email: _____

ORDER FORM

Qty.	Case Information	Per Case	SubTotal
_____	3 oz. Aseptic Plus - 24/case	\$190.80	\$ _____ *
_____	32 oz. Aseptic Plus - 6/case	\$ 95.70	\$ _____ *
_____	128oz. Aseptic Plus - 4/case	\$159.80	\$ _____ *
_____	LEXX Sanitizer - 4/case	\$ 91.80	\$ _____ *
_____	ProNatural Degreaser - 4/case	\$ 91.80	\$ _____ *

Qty.	Item	Price	SubTotal	Qty.	Item	Price	SubTotal
_____	Backpack Sprayer	\$1,500.00	\$ _____ *	_____	Mini Fogger	\$120	\$ _____ *
_____	Battery Sprayer	\$575.00	\$ _____ *	_____	Electrostatic Sprayer	\$650	\$ _____ *
_____	Battery	\$112	\$ _____ *	_____	Electric Fogger	\$300	\$ _____ *
_____	Control Panel	\$120	\$ _____ *				

* Appropriate tax and shipping will be added to your final charges.

PAYMENT AUTHORIZATION

Card Type: ___ Visa ___ MasterCard ___ Discover ___ Amex

Card Number: _____ Expiry Date: _____

Card Identification Number (CVV2 Code): _____

I, _____ authorize Aseptic Health, LLC to process a charge against my credit card account for the order above plus tax and shipping to be shipped to the following address: _____

Telephone Number: _____ Fax Number: _____

Print Name as it appears on Credit Card: _____

Note: Aseptic Health, LLC does not keep a file of credit card numbers. At the completion of the transaction, this document with your credit card number will be shredded.

