



ORDER FORM & CREDIT CARD AUTHORIZATION

CARD HOLDER INFORMATION

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

ORDER FORM

Qty.	Case Information	Per pallet	Per 5+ pallets	Per 10 pallets	Sub Total
___	3 oz. Aseptic Plus 960/pallet	\$3,792.00	\$3,024.00		\$ _____ *
___	32 oz. Aseptic Plus 432/pallet	\$3,585.60	\$2,980.00		\$ _____ *
___	Empty 32.oz Bottles (25/case)	\$52.00 per case			\$ _____ *
___	128oz. Aseptic Plus 192/pallet	\$4,214.40	\$3,830.40	\$3,446.40	\$ _____ *
		Per Unit		Per Pallet	
___	55 gal. Aseptic Plus drum	\$1,200.00		\$4,800.00	\$ _____ *
___	Mixed Pallet 27 cases 1 gallon, 12 cases 32oz, 6 cases of 3oz			\$3,562.00	\$ _____ *

Qty.	Item	Price	SubTotal	Qty.	Item	Price	SubTotal
___	Backpack Sprayer	\$1,800.00	\$ _____ *	___	Mini Fogger	\$125	\$ _____ *
___	Battery Sprayer	\$485.00	\$ _____ *	___	6 or more Mini Foggers	\$100 ea.	\$ _____ *
___	Battery	\$112	\$ _____ *	___	Electric Fogger	\$300	\$ _____ *
				___	Electrostatic Sprayer	\$600	\$ _____ *

* 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.

