



ORDER FORM & CREDIT CARD AUTHORIZATION

CARD HOLDER INFORMATION

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

ORDER FORM

Qty.	Case Information	Price/Case	Sub Total
___	3 oz. Aseptic Plus (24/case)	\$190.80*	\$ _____ *
___	32 oz. Aseptic Plus (6/case)	\$95.70*	\$ _____ *
___	Empty 32.oz Bottles (25/case)	\$52.00*	\$ _____ *
___	128oz. Aseptic Plus (4/case)	\$159.80*	\$ _____ *
		Per Unit	
___	55 gal. Aseptic Plus drum	\$2,197.25*	\$ _____ *

Qty.	Item	Price	SubTotal	Qty.	Item	Price	SubTotal
___	Backpack Sprayer	\$1,800	\$ _____ *	___	Mini Fogger	\$140	\$ _____ *
___	Battery Sprayer	\$800	\$ _____ *	___	6 or more Mini Foggers	\$120 ea.	\$ _____ *
___	Battery	\$195	\$ _____ *	___	Electric Fogger	\$350	\$ _____ *
				___	Electrostatic Sprayer	\$675	\$ _____ *

* 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.

