

Please fill out and fax to (913) 599-0660 or email to karlkammerer@gmail.com and we will call you to set up your account. Or just give us a call @ (913) 599-3535

SHIPPING INFORMATION

CONTACT NAME :

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

BILLING INFORMATION (IF DIFFERENT THAN ABOVE)

CONTACT NAME :

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

Acutech[™] NRC Blinds – Turnkey Order

NUMBER OF BLIND SAMPLES (see regulations on our website)

20% Adulterated/Substituted/Diluted _____

10% Negative _____

60% POS @ 1.5-2 times cutoff _____

10% POS @ 1.3-1.55 times cutoff _____

STANDING ORDER () Monthly
() Bimonthly
() Quarterly

ONE TIME ORDER ()

PURCHASE ORDER # _____

COLLECTION SITE: () INDUSTRIAL CLINIC
() OTHER

Clinic Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

COLLECTOR'S NAME: () ProTox Choice

() Other _____

FAX INFORMATION TO: () MRO () EMPLOYER () TPA

MRO NAME: _____ **FAX NUMBER:** _____