BIOLAB HOLDINGS

Order Form

2260 W. Broadway Rd.
Suite 102
Mesa, AZ 85202
Submit Orders to: orders@blssales.net

Date of Order:
Order Number:
PO#:
Patient ID:

Customer Info:

Account Name:
Contact Name:
Contact e-mail:
Contact Number:

Distributor: Omega Medical
Distributor Contact: Joel Reeves
Distributor Number: jreeves@omegamedical.com
Sales Rep: Joel Reeves

Quantity	Description	Unit Price	Amount
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00

Billing: **Time of Order:** ◯ **Terms:** 45 Day Net

Charge CC: ◉ **ACH:** ◯

Sub-Total: $ 0.00
Discount:
Total: $ 0.00

Shipping Method

☑ **FedEx:**

☐ **Signature Required** ☐ **Multi-piece Shipment**

Date to Receive: **Time to Receive:**

Facility or Office:

Ship to Address:

Address 2:

City:

State: **Zip:**

Notes:

☐ **Pick Up**

Date of Pick Up:

Time of Pick Up:

By: