



ORDER FORM

Sold to information

Name: _____ PO #: _____
 Company: _____ Account #: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-mail: _____

Ship to information

Ship Via: _____

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

QTY	PART NUMBER	DESCRIPTION	PRICE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Shipping/Handling			_____
TOTAL			_____

CHECK: (Make checks payable to Lakewood Instruments LLC)

CREDIT CARD: ___ Visa ___ Master Card

Card # _____ Exp. Date _____

Cardholder's Name _____

Total Payment \$ _____

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