



Microscope Pen ○○○○○○○○○○○○○○○○

Bringing the Miniature World to Life

Fax this form to: (208) 485-9182

Fax Order Form

Order by Fax or Internet

www.MicroscopePen.com

Purchase Order Date:		Purchase Order Number:	
Bill to:		Ship to:	
First Name:		First Name:	
Last Name:		Last Name:	
Company:		Company:	
Address:		Address:	
Address2:		Address2:	
City:		City:	
State/Province:		State/Province:	
Zip:		Zip:	
Country:		Country:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

Qty	Model	Description	Unit Price	Total
	MP100A	Microscope Pen 100x Adjustable	\$129.99	

Payment Method:

- Visa
- Master
- Discover
- American Express

Card Holder's Name _____

Credit Card # _____

Expiration Date _____

Subtotal	
S & H	
Taxes	
Grand Total	

Thank you
for
your business!

Customer Signature: _____ Date: _____

I am 18 years of age or older and I agree to pay Grand Total amount. (Required to begin order processing)

(Office Use Only)

Date Received _____ Invoice Number _____ Sales Rep. _____ Ship Via _____