



DROP SHIP FAX ORDER FORM

Please Fax to: Empire Scientific Order Processing

This form is to be used by current Empire Scientific customers who wish to submit their drop-ship requests via fax. *Please fill out this form completely and accurately;* missing or incorrect information may cause delays in your order, or even prevent your order from being processed. Contact your Empire Scientific sales representative if you have any questions or comments

This fax was sent from:		
Customer Name:		
Contact Name:		
Phone Number:	() -	Voice
	() -	Fax

Order Information		
Your Customer Number:		<small>(Must be a valid Empire customer number)</small>
Your Company E-Mail Address:		
Your P/O Number:		
Third Party Account Number:		
Shipping Instructions:		
Ship To Person / Company:		
Attention:		
Ship To Address (line 1):		
(line 2):		
(line 3):		
City, State, Zip:		
Country		
Phone Number:	() -	
Customer E-Mail Address		
Is this a residential address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Quantity	Empire Model Number
Model # 1		
Model # 2		
Model # 3		
Model # 4		
Model # 5		

Thank you for your order!