

SUTTER INSTRUMENT ORDER FORM

BILL TO		SHIP TO		
COMPANY NAME		COMPANY NAME	E	
ONTACT NAME		CONTACT NAME		
DDRESS		ADDRESS		
ITY	STATE/PROVINCE	ZIP CODE CITY	STATE/PROVINCE	ZIP CODE
OUNTRY	EMAIL	COUNTRY	EMAIL	
PHONE	FAX	PHONE	FAX	
Sales Tax will be charged in	dded to the total cost unless otherwise speci n the states where have nexus: CA, CO, GA,	IL, IN, MD, MA, MI, MN, NV, NJ, NY, NC, OH,	TOTA I, PA, VA, WA. https://www.sutter.com/general	
	olease attach a valid PDF copy of your compa	anies Sales Tax-Exempt Certificate at time o	of purchase to orders@sutter.com.	
CARRIER:	SERVICE:	TRANSPORTATION CARRIER ACCO		NEEDED BY:
CREDIT CA	CREDIT CARD #	EXF	PIRATION DATE: C	VC:
CARDHOLDER'S FULL	NAME	AUTHORIZED SIGNA	ATURE DATE	