# **SUTTER ORDER FORM**

# Download fillable PDF, Complete Form, FAX or Email Your Order



**Ship To** 

**ORDER INFORMATION (For Orders Under \$2,000)** 

**Items Requested** 

Quantity Product # Description (optional) **Unit Price** Total

#### **TOTAL**

Shipping charges will be added to your total. Sales tax will be charged in states where we have nexus. A listing can be found here: www.sutter.com/general.html

## **CUSTOMER INFORMATION**

**Bill To** 

Institution Name Institution Name **Department Name Department Name** Room Number Room Number Contact Name **Contact Name** 

Address Line 1 Address Line 1 Address Line 2 Address Line 2

City City State/Prov State/Prov Zip Country Zip Country

Phone Phone Fax Fax **Email Email** 

# **PAYMENT METHOD** Purchase Order #

Please attach Purchase Order

Credit Card Type Master Card Visa Amex

Call me for credit card info

Credit Card #

**Expiration Date** CVC

Cardholder's Name

Signature Must have signature to process

Account #

Service

Date needed by

### SHIPPING INFORMATION

Ship Via Best way (2-3 business days in the U.S.)

Collect

Overnight (additional charges will apply)

FedEx

**UPS** 

SUTTER INSTRUMENT