



800-247-2726 Ph#
330-394-2403 Fax

Order Form

PO # _____

Date: _____

Bill To: _____

Ship To: _____

Attn: _____

Attn: _____

Address: _____

Address: _____

City: _____

City: _____

Zip: _____ State: _____

Zip: _____ State: _____

Ph #: () _____

Ph #: () _____

Fax: () _____

Fax: () _____

Email Address: _____

Date requesting "Live" Items _____ (Minimum \$25 shipping charge for all "LIVE" items.)
Individuals must enclose payment. ■ General Shipping Method: Via UPS unless otherwise requested.

Method of Payment: (please circle) **VISA** / MasterCard / Discover Check # _____

Card Number (16 digits)



Card CVV/CVC Code

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Printed Card Holder Name

Expiration Date:

C-Card Billing Zip

- Terms: Net 30 days
- Credit Cards Accepted (minimum order of \$25.00)
- Note all payments addressed to: 3Z's INSTRUMENTS

Item	Item No.	Description	QTY	Unit Price	Extended \$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

List Additional items on Separate page

Email: info@3ZsLLC.com

Shipping _____

Order Total \$ _____

Send (fax/email) all orders to:

3Z's INSTRUMENTS, LLC
PO BOX 189
VIENNA, OH 44473-0189

Thank You for your Order!

Ph # 800-247-2726 Fax: 330-394-2403
www.3ZsLLC.com