

POINTE SCIENTIFIC, INC.

Fax Order Form

Date: _____ P.O.#: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ E-mail: _____

Phone No.: _____ Fax No.: _____

Contact Name: First _____ Last _____ title _____

CATALOG NO.	PRODUCT NAME	AMOUNT

Shipping Instructions: _____

Fax Form To: 734-483-1592