

# BUG-CHEK & FOG-CHEK ORDER FORM

Date of Order: \_\_\_\_\_ Order Submitted By: \_\_\_\_\_

|                       |                              |                      |
|-----------------------|------------------------------|----------------------|
| _____ Bug-Chek Adult  | _____ Fog-Chek Adult         | _____ Jar(s) of Eggs |
| _____ Bug-Chek Larva  | _____ Fog-Chek Larva         | _____ Bug Bullets    |
| _____ Full Bullet Kit | _____ Bullet Kit Replacement |                      |

Date Required on Location: \_\_\_\_\_

### Ship To:

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street Address\*: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

*\*All street Addresses must be a physical address (NO P.O. Boxes)*

### Bill To:

PO # \_\_\_\_\_

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

(Street, City, Zip): \_\_\_\_\_

Keep credit card information on file. \_\_\_\_\_ YES \_\_\_\_\_ NO

Please Check how would prefer to receive Invoices:

\_\_\_\_\_ USPS Mail \_\_\_\_\_ Email

**All orders are shipped UPS Next Day Air.**

## LSB Products, a division of ALTECA Ltd

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