

SOY-CHEK/PRO-CHEK ORDER FORM

Date of Order: _____ Order Submitted By: _____

SOY-CHEK

_____ 8 oz single bottle _____ 16 oz single bottle _____ Gallon

PRO-CHEK

_____ Pro-Chek Kit _____ Pro-Chek Replacement Kit

Ship To:

Company Name: _____
Attention: _____
Street Address*: _____
City: _____
State: _____
Zip Code: _____
Country: _____
Telephone: _____

Additional Notes: _____

**All street Addresses must be a physical address (No PO Boxes).*

Bill To:

PO # _____

Company Name: _____
Attention: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Country: _____
Telephone: _____
Fax: _____
Email Address: _____

Credit Card:

Exp. Date: _____ Sec. Code: _____

Name on Card: _____

CC Billing Address
(Street, City, Zip): _____

Keep credit card information on file. YES NO

Please Check how you would prefer to receive Invoices:

_____ USPS Mail _____ Email

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