Ergopathic Resources Testing Vial Order Form

250 Bel Marin Keys Blvd Ste F300 · Novato CA 94949· Tel: 877-347-3756 Fax: 877-837-4737

www.ergopathics.com · vials@ergopathics.com · International Tel: 001-415-382-0453 Fax: 001-415-382-0483

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INSTRUCTIONS: Please print clearly. 1. Provide name and complete billing and shipping information. 2. Indicate the Testing Vial Supplies you would like to order. 3. List the individual custom vials you would like to order. The fee for individual vial preparation is $6.00 per vial, or $5.00 for orders of 20 or more custom vials. 4. **Fax this form to: 877-837-4737 or mail to: Ergopathic Resources, 250 Bel Marin Keys Blvd Ste F300, Novato CA 94949.** For questions or more information about Ergopathic Resources, our products or services, call toll-free 877/347-3756 (International: 001-415-382-0453) or **email: vials@ergopathics.com**. Standard domestic shipping by or UPS-Ground is only $7.00 for any sized order. Express and foreign shipping is extra. For custom vial orders, please allow 10 days for domestic delivery. California residents will be charged 7.25% sales tax.

Payment: ☐ Check ☐ MC / VISA / AMEX Card# _____ Exp. Date _____

Name _____ Degree _____

Shipping Address: _____

City _____ State _____ Zip _____ Country _____

Tel _____/_____ Fax _____/_____ email _____

Ergopathics Testing Vial Supplies		Price
_____	VF3☐ Blank filled vials in box (30 vials)	$25.00
_____	VF7☐ Blank filled vials in box (75 vials)	$45.00
_____	VE3☐ Empty Wide-Mouth vials in box (30 vials)	$25.00
_____	VE7☐ Empty Wide-Mouth vials in box (75 vials)	$45.00

Ergopathics Testing Vial Supplies		Price
_____	VB3☐ Storage Box, Empty (30 Vial Size)	$13.00
_____	VB7☐ Storage Box, Empty (75 Vial Size)	$18.00
_____	HAN☐ Vial Tester with Cord	$50.00
_____	CAT☐ Current Testing Viall Cataog	N/C

TOTAL TESTING VIAL SUPPLIES $_____

CUSTOM VIAL ORDER: Please print clearly the title of each item as you would like it to appear on the vial label. If the title is not fully descriptive of all contents for the vial, please list contents in parentheses after title. Example: Caffeine Mix (coffee, chocolate, black tea) **3-VIAL MINIMUM ORDER**

TOTAL CUSTOM VIALS _____ ☐ INCLUDE 30-VIAL BOX ☐ INCLUDE 75-VIAL BOX