

LWD
Inc.



DATIA Approved

Drug Testing Kit Order Form

(Type or Print Information)

Name/Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
How did you hear about LWD? _____

Testing Kits:

	Qty.	Price each (see schedule)	Total	
RediCup - 5 Panel	_____	_____	_____	Subtotal: _____ Tax:* _____ Shipping:** _____ Total: _____
Panel/Dip - Single***	_____	_____	_____	
Panel/Dip - 5 Panel	_____	_____	_____	
Panel/Dip - 10 Panel	_____	_____	_____	
Other _____	_____	_____	_____	
Total items:	_____		Subtotal: _____	

* CA Residents add 9.25% tax.

** Shipping via USPS mail. Add \$4.60 total for shipping up to 25 items. Call for additional shipping rates.

*** If ordering single panel tests, please indicate which tests you need.

Payment Method:

CHECK Check # _____ Amount: \$ _____
 VISA / MC Card # _____ Exp. Date: _____ CCV2*: _____
Name on card: _____ Signature: _____

*CCV2 is the 3 digit number on the back of your credit card and is required for all credit card transactions.
Please make checks payable to LWD, Inc.

Complete order form and mail or fax to:

LWD, Inc.
15705 Arrow Highway, Suite 6B
Irwindale, CA 91706
(626) 813-1086; Fax (626) 813-1088

Return policy: Due to the sensitivity of testing kits, items cannot be returned for refund. If item is damaged, please return unused items to LWD for exchange. Each item is individually inspected prior to shipment. Please visit www.lwddrugtesting.com for pricing schedule and other valuable information.

OFFICE USE ONLY

RECEIVED: _____ ACCOUNTING: _____
APPROVED: _____ SHIPPING: _____