

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 _____	_____	_____	_____	
<b>Total items:</b>	_____		<b>Subtotal:</b> _____	

\* 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](http://www.lwddrugtesting.com) for pricing schedule and other valuable information.

OFFICE USE ONLY

RECEIVED: \_\_\_\_\_                      ACCOUNTING: \_\_\_\_\_  
APPROVED: \_\_\_\_\_                      SHIPPING: \_\_\_\_\_