

**ENVISION CUSTOMER PURCHASE FORM
ASSURE COVID-19 RAPID IgM/IgG TEST KIT**

CUSTOMER NAME:

CONTACT PERSON:

CONTACT TEL:

EMAIL:

TELEPHONE:

FAX:

Physical Address

STATE:

ZIP:

TYPE OF CLIENT v ONE:

DOCTOR'S OFFICE

COMMUNITY CLINIC

DENTIST OFFICE

BILLING ADDRESS

STATE:

ZIP:

PURCHASE DETAILS

ITEM	QUANTITY	DATE ORDERD	SHIPPING METHOD
Assure COVID-19 RAPID ANTIBODY TEST KIT – IgG/IgM			<input type="checkbox"/> FEDEX Priority <input type="checkbox"/> FedEx Express <input type="checkbox"/> UPS
COVID-19 Controls			<input checked="" type="checkbox"/> FEDEX Priority <input checked="" type="checkbox"/> FedEx Express <input checked="" type="checkbox"/> UPS

PAYMENT DETAILS

Credit Card No.

| 3 or 4digit code: _____

Name on Card:

Expiration Date: month/Year ____/____

ACH Payment

Institution Routing Number:

Checking Acct. Number:

Signature of Company Representative: _____

Print Name: _____ Today's Date: _____