

rder Form

United Nuclear Scientific 125 N. 8th St. Klamath Falls, Oregon 97601

sales@unitednuclear.com 541-205-6855

## DATE: \_\_\_\_\_ ORDER #:

## **SHIPPING ADDRESS:** NAME

**ADDRESS** additional **ADDRESS** CITY ZIP

**PHONE EMAIL** 

**STATE** 

**BILLING ADDRESS:** (if different than shipping)

NAME		
ADDRESS		
additional ADDRESS		
CITY		ZIP
STATE		
PHONE	( )	
EMAIL		

Prefer to order by Phone? Just call us at: 541-205-6855 Mon-Fri, 8:30am - 4:30pm PST

QTY	ITEM NAME / DESCRIPTION	ITEM OPTIONS (color, size, etc)	PRICE EACH	PRICE TOTAL		
	MEDCHANDICE TOTAL.					

PAYMENT by CREDIT CARD										
☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover										
Credit Card	Nun	nber								
Security Number Expiration Date (Mo/Yr)										
Signature:										

MERCHANDISE	TOTAL:	
Michigan resid add 6% sal		
ADD SH	IPPING:	
( GRAND	TOTAL:	
<i>\</i>		

For Orders Totaling:	Add:
\$0 to \$19.00	\$10.95
\$19.01 to \$28.00	\$13.95
\$28.01 to \$50.00	\$17.95
\$50.01 to \$75.00	\$21.95
\$75.01 to \$100.00	\$25.95
\$100.01 to \$150.00	\$29.95
\$150.01 to \$200.00	\$34.95
\$200.01 ro \$250.00	\$39.95
\$250.01 to \$300.00	\$44.95
over \$300.00	\$49.95

NOTE: These shipping charges are for pre-paid orders only. If placing a PO, please contact us for actual shipping charges.