



Rapid Pathogen Screening, Inc.
7227 Delainey Court
Sarasota, FL 34240 USA
t 941.556.1850
f 941.556.1851
info@rpsdetectors.com
RPSdetectors.com

CUSTOMER SALES ORDER FORM

Additional Info Sent/Emailed: _____
Email address

Sales Rep: _____ **Date order placed:** _____ **Specialty:** _____

Order	Description	Total Quantity	Price per Box (10 pack/10 tests per box)	Price
RPS-AD	RPS Adeno Detector™		\$125.00	
RPS-AD STD	External Controls		\$10.00 Set of (1) Positive and (1) Negative Control	
RPS-TRANS	Shipping and Handling	1	FedEx/Flat Rate \$10.00 (1-3 boxes) *Standard Fed-Ex Rates apply (4+ boxes)	\$10.00
TOTAL:				

TOTAL # OF BOXES ORDERED: _____

PURCHASE ORDER #: _____

SHIP TO:

Facility Name _____
First Name / Last Name _____
Street Address _____
City / State / Zip _____
ATTN To / Office Manager _____
Phone Number / Fax Number _____

BILL TO:

Facility Name _____
First Name / Last Name _____
Street Address _____
City / State / Zip _____
ATTN To / Office Manager _____
Phone Number / Fax Number _____

_____ **The RPS representative discussed CLIA with me**
Initial

_____ **I'm aware that there is a \$150.00 federal fee and possible state fees that apply to the CLIA application**
Initial

☐ **NEED CREDIT APP FOR TERMS / INVOICE OFFICE DIRECT**

Credit Card: ☐ Visa ☐ American Express ☐ Discover ☐ Master Card

Credit Card #: _____ **Exp:** _____ **Name:** _____
As it appears on card

Credit Card Billing Address: _____ **Security Code:** _____
Street / City / State / Zip Code

****Signature:** _____ **Date:** _____