

Instructions for the **Self Calculating Electronic Diet Order** form

1. Place your cursor on the line next to the Date:_____
2. TYPE in today's date
3. TAB to the next field on the form and type in the required information.
4. Continue using the TAB key to navigate to the next field.
5. When you enter a **Quantity** combined with a **Price per Unit** the **Total** will be calculated automatically.
6. Continue to TAB through the rest of the form and complete the required information.
7. You can save the document and email it to info@researchdiets.com or print and **FAX** it to **732-247-2340**.

FOR EXACT RE-ORDERS (same quantity and diet #/ same bill to and ship to)

1. Place your cursor on the line next to the Date:_____
2. TYPE in today's date
3. Provide a new PO# or credit card information.
4. Provide the Invoice # from your last order in the Bill to: (There is no need to fill out the bill to and ship to if identical to last order)

DIET ORDER FORM

Please FAX this order form OR fax this form with YOUR COMPANY P.O. and provide additional information not contained on your company form. Thank you.



To: **Research Diets, Inc.**
20 Jules Lane
New Brunswick, NJ 08901 USA
Fax: 732-247-2340
Phone: 732-247-2390

Date: _____

PO# _____

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Bill to: _____ INSTITUTION/COMPANY _____ DEPARTMENT/DIVISION _____ ADDRESS _____ ADDRESS _____ CITY STATE/PROVINCE ZIP/ POSTAL CODE _____ COUNTRY Accounts Payable Phone Number: _____	Ship to: _____ INSTITUTION/COMPANY _____ DEPARTMENT/DIVISION _____ ADDRESS _____ ADDRESS _____ CITY STATE/PROVINCE ZIP/ POSTAL CODE _____ COUNTRY Attention: _____
Order Placed by: NAME _____ SIGNATURE _____ TITLE _____ Phone: _____ X _____ COUNTRY CODE AREA CODE NUMBER EXTENSION Fax: _____ COUNTRY CODE AREA CODE NUMBER Email: _____ Bill to: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Expires ____ / ____ Name on Card: _____	

Please ship the following on or before _____ (DATE)					
Quantity	Unit <small>kg, jar, etc</small>	Product Number	Description & Form <small>pellet (extruded), powder (meal), liquid, or tablet</small>	Price per Unit	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<input type="checkbox"/> Continued on second sheet . . . Total \$ of additional line items from 2 nd sheet →					\$
Terms: Net, 30 days from date of shipment.			All prices in U.S. dollars	Sub-Total	\$
Shipping charges are pre-paid and will be added to your invoice.				Estimated Shipping	+\$
				Estimated Total	\$

Researcher/Principal Investigator: Name: _____ Email: _____ Phone: _____ Fax: _____	Postal Address: _____ or <input type="checkbox"/> same as "Ship To" _____ INSTITUTION/COMPANY _____ DEPARTMENT/DIVISION _____ ADDRESS _____ CITY STATE/PROVINCE ZIP/ POSTAL CODE
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For Research Diets use only <input type="checkbox"/> P. O. will follow by FAX Taken by: _____ _____ _____ _____
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PO-6/15/15