

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: _____
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Order Placed by:

NAME _____	Phone: _____ X _____
SIGNATURE _____	COUNTRY CODE AREA CODE NUMBER EXTENSION
TITLE _____	Fax: _____
	COUNTRY CODE AREA CODE NUMBER
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
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Continued on second sheet . . . Total \$ of additional line items from 2nd 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 P. O. will follow by FAX Taken by: _____

PO-6/15/15