

Purchase Order # _____ Date : _____

Ship to street address , contact name and telephone number :

Bill to address , contact name and telephone number :

P.O. authorized or placed by : _____

Requested delivery date : _____

Ship by (check one) : UPS 3 day select Overnight/Priority 2nd day air
 Canada Standard Worldwide Express

Confirm final total before shipping : Yes No , ship when order ready

If Yes , call or e-mail to confirm total to : _____

Products and Quantities : (Use ProHisto Product Numbers)

Qty.	Description	Product Number

Fax to : **803-407-0260** ATTN: PROHISTO CUSTOMER SERVICE

PAYMENT IS DUE 30 DAYS FROM SHIP DATE

Go to www.prohistro.com for complete terms and conditions