



**Rapid Pathogen Screening, Inc.**  
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 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
<b>TOTAL:</b>				

**TOTAL # OF BOXES ORDERED:** \_\_\_\_\_

**PURCHASE ORDER #:** \_\_\_\_\_

**SHIP TO:**

**BILL TO:**

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
First Name / Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
ATTN To / Office Manager

\_\_\_\_\_  
Phone Number / Fax Number

\_\_\_\_\_  
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:** \_\_\_\_\_