

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**.

DIET ORDER FORM

Please Email or Fax this order form along with your company purchase order (if applicable) and provide additional information not contained on your company form. Thank you.



To: Research Diets, Inc.
 20 Jules Lane
 New Brunswick, NJ 08901 USA
 Email: info@researchdiets.com
 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 _____ <small>COUNTRY CODE AREA CODE NUMBER EXTENSION</small>
SIGNATURE _____	Fax: _____ <small>COUNTRY CODE AREA CODE NUMBER</small>
TITLE _____	Email: _____

Bill to: VISA MasterCard # _____ Expires ____ / ____
 Name on Card: _____ CVV# _____

Please ship the following on or before _____ (DATE)

Quantity	Unit <small>kg, ea</small>	Product Number	Description & Form <small>pellet (extruded), powder (meal), liquid</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:	Postal Address: _____ or <input type="checkbox"/> same as "Ship To"
Name: _____	_____ INSTITUTION/COMPANY
Email: _____	_____ DEPARTMENT/DIVISION
Phone: _____	_____ ADDRESS
Fax: _____	_____ CITY STATE/PROVINCE ZIP/ POSTAL CODE

For Research Diets use only P. O. will follow by FAX Taken by: _____

PO-8/29/19