

## **SALES INFORMATION**

BILLING INFORMATION – Please enter your billing information:				
Company Name:				
Name (First & Last)	:			
Address:		City:	State:	Zip:
Tel:		Fax:	Email:	
SHIPPING INFORMATION – Please enter your shipping information:				
Company Name:			PO#	
Name (First & Last)	:			
Address:		City:	State:	Zip:
Tel:		Fax:	Email:	
PAYMENT INFORMATION – Please send check or money order to: Highland Labs, Inc., 163 Woodland Street, Holliston, MA 01746				
Please fill in your c	redit card inf	ormation or include a check	, money order, or cashiers che	eck with you order.
Circle: CHECK	VISA N	IC Card Number:		
Expiration Date:		Name on Card:		
CV#				

Note: Currently we only accept VISA and MASTERCARD.

