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Client Name _____

Client Contact Information Phone: _____ Email: _____

Company / Laboratory PI _____

Full Billing Address _____

_____ City: _____

Postal / Zip Code: _____ Country: _____

Choose one of the following payment options:

1. Standing PO # (please provide details) _____
2. Credit Card Visa _____ Mastercard _____
3. Other (please provide details) _____

If payment is via credit card, please provide the following:

Credit Card Number _____

Expiry Date (mo./year) _____

Full Name on Card _____

Full Shipping Address
(if different from above
billing address) _____
_____ City: _____

Postal / Zip Code: _____ Country: _____

Client Signature: x _____

Date: x _____