



Lavigne Laboratories, LLC

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Order Form (please print clearly)

Purchaser

Name First	M. Initial	Last Name
Title	Phone Number	Email Address
Address: Street Name		
Address: Town	State	Zip Code

Shipping Address

Company Name		Enter address only if different than purchaser's address. No shipping to Post Office Box
Address: Street Name		
Address: Town	State	Zip Code

Quantity	Item #	Name of Item	Price Each	Total

Merchandise Total =		
* Shipping and Handling		N/C
** CT 6% Sales Tax		
***	\$ Total	

- * Shipping within USA and Canada (contact us for international rates)
- ** Connecticut residents must add 6.0% Sales Tax
- *** U.S.A funds only