LWD Inc.

DATIA Approved

Drug Testing Kit Order Form

(Type or Print Information)

Name/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

How did you hear about LWD? _____

Testing Kits:

	Qty.	Price each (see schedule)	Total
RediCup - 5 Panel			
Panel/Dip - "Ecstasy"			
Combo Pack			
Mailer w/ Lab Results			
Other _____			
Total items:		**Subtotal:**	

Subtotal: _____

Tax:* _____

Shipping:** _____

Total: _____

* CA Residents add 8.25% tax.

** Shipping via USPS mail. Add $1.60 for 1-3 items, $5.49 for 4-10, $9.90 for 11-25, $14.80 for 26-50 items. Call for additional shipping prices.

Payment Method:

☐ CHECK Check # _____ Amount: $ _____

☐ VISA / MC Card # _____ Exp. Date: _____ CCV2*: _____

Name on card: _____ Signature: _____

*CCV2 is the 3 digit number on the back of your credit card and is required for all credit card transactions.
Please make checks payable to LWD, Inc.

Complete order form and mail or fax to:

LWD, Inc.
15705 Arrow Highway, Suite 6B
Irwindale, CA 91706
(626) 813-1086; Fax (626) 813-1088

Return policy: Due to the sensitivity of testing kits, items cannot be returned for refund. If item is damaged, please return unused items to LWD for exchange. Each item is individually inspected prior to shipment. Please visit www.lwddrugtesting.com for pricing schedule and other valuable information.

OFFICE USE ONLY

RECEIVED: _____ ACCOUNTING: _____

APPROVED: _____ SHIPPING: _____