



TEL 1-732-579-8201 (9am-6pm M-F)  
 FAX 1-732-653-0236 (24hours)  
 Email [sales@milestonepharmtech.com](mailto:sales@milestonepharmtech.com)  
 Web <http://www.milestonepharmtech.com>

P.O. Number:

P. O. Date:

**Customer No.:**

(Leave blank if don't know)

**SHIP TO:**

Company Name:  
 Contact:  
 Address:

**BILL TO: (if different)**

Company Name:  
 Contact:  
 Address:

City, State, ZIP Code:  
 Country:  
 Phone Number:  
 Fax Number:  
 Email:

City, State, ZIP Code:  
 Country:  
 Phone Number:  
 Fax Number:  
 Email:

<b>Payment Term</b>	<b>Ship Via</b>	<b>Delivery Date</b>	<b>F.O.B.</b>
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Catalog No.	Description	Qty	Unit	Unit Price (USD)	Extended
	<b>Taxes/Duties Shipping and Handling</b>				
				<b>Total</b>	

**Signature:**

X \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Please make check payable to**

*Milestone PharmTech LLC*

**Print Name and Title:**

\_\_\_\_\_

Address:

100 Jersey Avenue  
 Building D, Box D-4  
 New Brunswick, NJ 08901  
 USA

**Please FAX the completed form to 1-732-653-0236  
 or email us at [sales@milestonepharmtech.com](mailto:sales@milestonepharmtech.com)**

*Thank you for your business.*