BED BUGS ORDER FORM

Company:	
Contact Name:	
Street Address:	
City:	
State:	
Zip:	
Phone Number:	
Email:	

Ordering Information

Number of Packages Requested: _____

Price per Package: $19.95 each x _____ pkgs = _____

Total Cost of Purchase Order $ _____

Credit Card Information (if applicable):

Name on Credit Card: _____

Type of Card (check box): Visa Master Card

Credit Card Number: _____

Expiration Date: _____

The Buyer (Company referenced above) agrees to issue a purchase order to DZN Inc. or pay by credit card for the above referenced number of Bed Bugs product plus actual shipping costs**.**

Please fax this order form to Bruce Yamamoto at 510.291.2295. Thank you.

Acknowledged and Agreed to:

_____

Signature

_____

Date