



Order Form

Complete Form and Fax or mail it to:

Huot Instruments, LLC
 N50 W13740 Overview Drive, Suite A • Menomonee Falls, WI 53051
 Phone: 262 373 1700 • TOLL FREE: 866 212 8466 • Fax: 262 373 1800

Bill To: _____ Purchase Order #: _____
 Name: _____ Title: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone#: _____ Fax: _____
 Email: _____

Email address is needed for order confirmation

Ship To: _____ Contact name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone#: _____ Email: _____

Email address is needed for order confirmation

Please check boxes

- | | | | |
|-----------|---|--------|----------|
| Sample #1 | <input type="checkbox"/> 1 ElliptiPunch & 2 each of the 4mm & 6mm VisiPunch | \$9.00 | \$ _____ |
| Sample #2 | <input type="checkbox"/> 1 ElliptiPunch & 2 each of the 3mm & 4mm VisiPunch | \$9.00 | \$ _____ |
| Sample #3 | <input type="checkbox"/> 1 ElliptiPunch & 2 each of the 2mm & 3mm VisiPunch | \$9.00 | \$ _____ |
| Sample #4 | <input type="checkbox"/> 2 Each of the 3mm, 4mm & 6mm VisiPunches | \$9.00 | \$ _____ |
| Sample #5 | <input type="checkbox"/> 2 ElliptiPunches | \$9.00 | \$ _____ |
| Sample #6 | <input type="checkbox"/> 2 Each of the 2mm, 3mm, 4mm & 6mm DermaPunches | \$9.00 | \$ _____ |
| Sample #7 | <input type="checkbox"/> 1 Biopsy kit/ VisiPunch <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> 5mm | \$9.00 | \$ _____ |



- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> 8mm x 20mm | <input type="checkbox"/> 10 for \$ 56.25 _____ \$ _____ | <input type="checkbox"/> 20 for \$ 98.00 _____ \$ _____ |
| <input type="checkbox"/> 10mm x 25mm | <input type="checkbox"/> 10 for \$ 56.25 _____ \$ _____ | <input type="checkbox"/> 20 for \$ 98.00 _____ \$ _____ |
| <input type="checkbox"/> 12mm x 30mm | <input type="checkbox"/> 10 for \$ 56.25 _____ \$ _____ | <input type="checkbox"/> 20 for \$ 98.00 _____ \$ _____ |



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|--|--|
| <input type="checkbox"/> 2mm <input type="checkbox"/> 20 for \$ 37.40 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 71.20 _____ \$ _____ |
| <input type="checkbox"/> 3mm <input type="checkbox"/> 20 for \$ 37.40 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 71.20 _____ \$ _____ |
| <input type="checkbox"/> 4mm <input type="checkbox"/> 20 for \$ 37.40 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 71.20 _____ \$ _____ |
| <input type="checkbox"/> 5mm <input type="checkbox"/> 20 for \$ 37.40 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 71.20 _____ \$ _____ |
| <input type="checkbox"/> 6mm <input type="checkbox"/> 20 for \$ 37.40 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 71.20 _____ \$ _____ |
| <input type="checkbox"/> 8mm <input type="checkbox"/> 20 for \$ 55.00 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 104.00 _____ \$ _____ |

DERMAPUNCH

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|--|---|
| <input type="checkbox"/> 2mm <input type="checkbox"/> 20 for \$ 32.25 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 61.20 _____ \$ _____ |
| <input type="checkbox"/> 3mm <input type="checkbox"/> 20 for \$ 32.25 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 61.20 _____ \$ _____ |
| <input type="checkbox"/> 4mm <input type="checkbox"/> 20 for \$ 32.25 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 61.20 _____ \$ _____ |
| <input type="checkbox"/> 5mm <input type="checkbox"/> 20 for \$ 32.25 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 61.20 _____ \$ _____ |
| <input type="checkbox"/> 6mm <input type="checkbox"/> 20 for \$ 32.25 _____ \$ _____ | <input type="checkbox"/> 40 for \$ 61.20 _____ \$ _____ |

VisiPunch Biopsy Kits

- | | |
|---|---|
| <input type="checkbox"/> 3mm <input type="checkbox"/> 5 for \$ 29.75 _____ \$ _____ | <input type="checkbox"/> 10 for \$ 55.00 _____ \$ _____ |
| <input type="checkbox"/> 4mm <input type="checkbox"/> 5 for \$ 29.75 _____ \$ _____ | <input type="checkbox"/> 10 for \$ 55.00 _____ \$ _____ |
| <input type="checkbox"/> 5mm <input type="checkbox"/> 5 for \$ 29.75 _____ \$ _____ | <input type="checkbox"/> 10 for \$ 55.00 _____ \$ _____ |

Sub total \$ _____

Shipping Charges Via UPS (Free Shipping on orders over \$200.00) \$ 8.00

Total	\$ _____
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Payment Method:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	
Print Name on Card:	_____		Today's Date:	_____	
Card Number:	_____	Code from back:	_____	Exp Date:	_____
Signature: _____					