

Project GHB U.S. Order Form

Organization Name _____ Date _____

Billing Address _____

_____ Attn _____

Email _____

Phone _____ Fax _____

U.S. Shipping Address _____

_____ Attn _____

Shipment Tracking Email _____

DrugCheck® GHB Single Test (FORENSIC USE ONLY)

Sold 10 tests per box – \$65.00 at \$6.50 per test (includes shipping/handling). A portion of each sale is donated back to **Project GHB** to help further the non-profit organization's mission of increasing awareness of the dangerous effects of gamma hydroxy-butyrate.

P.O # _____

Item # 30127 GHB Box Qty _____ x \$65.00 (price per box)

Total _____

Comments / Special Instructions _____

By completing this form I acknowledge that the DrugCheck GHB Single Test is for "Forensic Use Only" and may only be used for law enforcement-related testing, including but not limited to forensic evidentiary tests, by/for police, sheriff, state patrol, corrections, courts, and other law enforcement agencies.

Card _____ Credit Card # _____ Exp _____

(Visa, MasterCard)

Name on Card _____

Please fax this form to 888-444-5754 or email to orders@drugcheck.com. This form may only be used for orders being shipped within the U.S. If your order is to be shipped outside the U.S., please email us at orders@drugcheck.com for further instructions. Note: Saving the completed PDF form requires the full version of Adobe Acrobat. Those using Acrobat Reader will not be able to save the completed form and will need to print the completed PDF form to fax or scan/email it.