

# *Aris* Pharmaceuticals Inc.

## Order form

### Shipping Address

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Billing Address

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Ship via: \_\_\_\_\_

No	Catalog#	Description	Qty	Unit price	Subtotal
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Sub-total	
NJ Tax	
Shipping	
Grand Total	

Please FAX your completed Order form to 1-267-395-2279

or send email to [sales@arispharma.com](mailto:sales@arispharma.com)

**Aris Pharmaceuticals Inc.**

**2000 Hartel St, Suite B, Levittown, PA 19057**