

# TSG MASK LABEL ORDER FORM

The following number must appear on  
all related correspondence, shipping papers, and invoices:

**P.O. NUMBER:**

**SHIP TO:**

Bill to:

Card type:	
Name on card:	
Credit card number:	
Exp date:	
Security code:	
Phone:	
Email:	

Special Instructions:	
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**\*Shipping and handling will be added to invoice if applicable.**

<b>Authorized by:</b>	<b>Date:</b>
<b>Name:</b>	<b>Title:</b>

SHIP TO FOR DECONTAMINATION

Technologies Solutions Group

9693 Gerwig Lane Suite J

Columbia, MD 21076

Phone: 443-542-5546 Fax: 443-752-1268

Email: [Accounting@t-sgrp.com](mailto:Accounting@t-sgrp.com)

<b>P.O. DATE</b>	<b>REQUISITIONER</b>	<b>SHIP VIA*</b>	<b>F.O.B. POINT</b>	<b>TERMS</b>
		UPS	ORIGIN	CREDIT CARD

<b>LINE ITEM</b>	<b>QTY</b>	<b>UOM</b>	<b>Part #</b>	<b>MASK Username</b>	<b>UNIT PRICE</b>	<b>TOTAL</b>
1		ea	SB-N95		2.00	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Date Required:
Tax Exempt: YES or NO
If no, ship to locations in VA, MD, MA, and PA will be taxed.
If yes, please attach resale or exemption certificate when submitting PO/ORDER FORM