



Octave Labs Invoice Request Form

FOR INTERNAL USE ONLY	
Company Name:	_____
Customer Name:	_____
Customer Phone #:	_____
Customer E-Mail:	_____
Address:	_____ _____
Product name (T-Free Distillate, Distillate, etc.):	_____
Shipping method (USPS overnight, UPS Ground, etc.):	_____
How many units:	_____
Additional Notes:	_____ _____
Work order #:	_____
Price per unit:	_____
Discounts?:	_____
Shipping cost:	_____
Packing cost:	_____
Submitted by:	Date: