

BIO PLAS, Inc. Promotional Item Request Fax Form

(NOTE: This form may be duplicated as needed.)

Date: _____

Requested By: _____

Company Name: _____

Phone: (_____) _____

Fax: (_____) _____

Product Purchased: _____ # of Cases: _____ P/O#: _____

Send The Promotional Item(s) To: *(please print clearly or type)*

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Please indicate preferred product:*

Tumbler _____ Fleece (specify size) Small _____ Medium _____ Large _____ X-Large _____

**Under 3 cases of Uni-Flex Safety caps OR 1 case of NON-Sterile Bacti cell Spreaders qualify for Tumbler only*



Please fax your request along with a Copy of your Dealer's Invoice to:
(415) 472-3758 or e-mail your request to: promos@bioplas.com