
PESTICIDE APPLICATOR HANDBOOK ORDER FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (HOME) _____ (WORK) _____

DEPARTMENT: _____

CAMPUS ADDRESS: _____

CAMPUS PHONE NUMBER: _____

Payment must accompany order. Return order form and remittance to:

Resource Center, ATTN: Pesticides
7 Business & Technology Park
Cornell University
Ithaca, NY 14850
Phone:255-2080

Please indicate location for which Handbook is needed: ___ Geneva ___ Ithaca

Quantity: _____ (X \$25 ea.) Total Cost: _____

PAYMENT METHOD:

_____ Check or money order enclosed. Make check or money order payable to:
"Cornell Distribution Center" (No cash, COD's or stamps)

_____ Charge my VISA _____ Charge my MASTER CARD

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ___/___/___ SIGNATURE: _____

CORNELL DEPARTMENT: _____

CORNELL ACCT. # IF DEPT. IS PURCHASING: _____