



THE RICHMOND LIGHT COMPANY 2301 FALKIRK DRIVE RICHMOND, VIRGINIA 23236
Toll Free Phone (888) 276-0559 Fax (804) 276-5378 Voice (804) 276-0559

Please print or type:
Mailing Address

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping Address

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: () _____ Home () _____ Work _____

Please enter my order for:

___ FS40T12UVB-BP 4 foot UVB lamp @ \$64.00 each\$ _____
 ___ FS72T12UVB-SL 6 foot UVB lamp @ \$100.00 each _____
 ___ FS72T12UVB-HO 6 foot UVB lamp @ \$100.00 each _____
 ___ TL100W/01 6 foot UVB Narrow Band lamp @ \$100.00 each _____

Lamp(s)Total \$ _____
 Add \$25.00 Boxing Fee for orders of less than 3 lamps. \$ _____
 Plus Shipping \$ 50.00
 Total Cost \$ _____

Make check payable to **The Richmond Light Company**. (Certified or Cashier's check will speed delivery as there is a two (2) week delay for personal checks.) **Full financial arrangements must be made prior to shipment.**

Please bill my credit card:



Account No.: _____

Expiration Date: ___ / ___ / ___ Signature: _____

MEDICARE ELIGIBLE RECIPIENTS must give their name, date of birth, sex, and Medicare number exactly as it appears on their card.

Medicare No.: _____ Date of Birth: _____ Sex: Male Female

IMPORTANT! The **CONDITION OF SALE** form on the reverse side must be completed and a **PRESCRIPTION** for the purchase of the lamps, signed by your physician, must accompany your order.