

SPECIALTY CHEMICALS ORDER SHEET

CHEMICALS	1 LBS	5 LBS	25 LBS	TOTAL
AMMONIUM MOLYBDATE	\$48.00	\$200.00	\$830.00	\$
BORON SOL-U-BOR	\$9.50	\$24.00	\$80.00	\$
BORIC ACID	\$9.50	\$24.00	\$65.00	\$
CALCIUM NITRATE	\$9.50	\$18.50	\$24.00	\$
CALCIUM CHLORIDE, DIHYDRATE	\$23.00	\$90.00	*20lbs \$230.00	\$
CALCIUM SULFATE	\$ 9.50	\$18.50	\$36.00	\$
CITRIC ACID	\$14.50	\$32.80	\$70.00	\$
COPPER CHELATE EDTA (15%)	\$24.50	\$42.00	\$135.00	\$
COPPER SULFATE	\$9.50	\$18.50	\$52.00	\$
HYDROPONIC 5-12-26	\$9.50	\$19.50	\$36.50	\$
IRON (Fe II) SULFATE	\$9.50	\$18.50	\$36.00	\$
IRON CHELATE FE EDTA (13%)	\$18.50	\$40.00	\$135.00	\$
IRON CHELATE FE DTPA (11%)	\$26.50	\$55.50	\$168.00	\$
IRON CHELATE FE EDDHA (6%)	\$31.00	\$62.50	\$182.00	\$
LIQUID DYE (31OZ)	\$33.50	DROPPER FOR LIQUID DYE		\$5.00
MAGNESIUM NITRATE	\$9.50	\$18.50	\$36.00	\$
MAGNESIUM SULFATE-ANHYDROUS	\$9.50	\$18.50	\$36.00	\$
MAGNESIUM SUFATE-EPSOM SALTS	\$9.50	\$18.50	\$36.00	\$
MANGANESE CHELATE	\$24.50	\$35.50	\$135.00	\$
MANGANESE SULFATE	\$9.50	\$25.00	\$84.00	\$
M.O.S.T. (MIX OF SOLUBLE TRACES)	1 LB	5 LB	25 LB	TOTAL
WITH BORON	\$12.50	\$26.50	\$55.00	\$
WITHOUT BORON	\$12.50	\$26.50	\$55.00	\$
<i>CHELATED</i> TRACE ELEMENT MIX	\$9.50	\$22.50	\$69.00	\$
NITROFORM – BLUE CHIP	\$11.50	\$19.50	\$44.00	\$
ORCHID 12-3-15 RO **Recommend purchase w/pH adjuster	-----	\$18.00	\$30.50	\$
ORCHID 16-4-20 WELL WATER	-----	\$18.00	\$30.50	\$
**PH ADJUSTER	\$10.00	\$22.00	\$60.00	\$
POTASSIUM BICARBONATE	\$13.50	\$38.50	\$82.00	\$
POTASSIUM CHLORIDE	\$9.50	\$18.50	\$24.00	\$
POTASSIUM SULFATE	\$9.50	\$18.50	\$36.00	\$
ZINC CHELATE EDTA (15%)	\$18.50	\$40.00	\$135.00	\$
ZINC SULFATE	\$9.50	\$18.50	\$52.00	\$

Current Prices Effective: 11/21/08

Prices Subject to Change

Subtotal: _____

(see reverse for shipping information)



6656 Grant Way, Allentown, PA 18106
Toll-free: 866-JACKSLAB or 1-866-522-5752
www.jrpeterslab.com

SPECIALTY CHEMICALS ORDER SHEET

Order Date: ___ / ___ / ___ Ship Date: ___ / ___ / ___ \$ _____ SUBTOTAL
Time: _____ : _____ \$ _____ TAX
\$ _____ SHIPPING
\$ _____ TOTAL

Acct # : _____ Phone: () _____

Company Name: _____

Customer Name: _____

Shipping Address: _____

Payment Method: P.O. # : _____ MasterCard/ VISA # _____

Send Invoice Expiration Date: _____