

ORDER FORM

ORDER CONTACT

This person will be contacted for questions relating to technical product selections and etc.

Name	
Telephone	
Email	
Order comment/instruction	

BILLING INFORMATION

Name	
Company/Institution	
Country	
Address	
City	
State	
Zip Code	
Billing Fax	
Billing Telephone	
Billing Email	
Special invoice instructions	

Preferred invoice method (circle one): Mail, Fax, Email

SHIPPING INFORMATION

Name	
Company/Institution	
Country	
Address	
City	
State	
Zip Code	

Special shipping instructions	
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PAYMENT INFORMATION

You may pay by credit card or purchase order. For purchase orders, please complete this form and attach an official PO form from your institution. For credit card orders, please fill out the below table for credit card information.

Purchase Order # _____

Payment method (circle one) PO, Credit Card

Credit Card Information

Name on Card	
Credit card type	
Card Number	
Expiration Date	
CVS	

ORDER DETAIL

Part Number	Unit Price	QTY	Amount

To place order, please fax or email the completed form to us. If you choose to pay by purchase order (PO), to expedite the process please be sure to include your official PO form issued by your institution. You will receive a confirmation email once your order is received and verified. If you do not receive a confirmation email within 3 business days after the submission of this form, please contact us immediately. Thank you for your business.