



Order Form

Quotation #	
Investigator:	
Tel:	
Fax:	
Email:	

P.O. #	
Purchasing Agent:	
Tel:	
Fax:	
Email:	

	Shipping Address	Billing Address (if different)
Name		
Company/Institution		
Dept./Bldg./Room #		
Address		
City, State, Zip (Province & Postal Code)		
Country		

Item	Catalog No.	Description	Qty	Unit Price	Subtotal Price
1					
2					
3					
4					
5					
6					
7					
8					
Shipping and handling					
CA Sales Tax					
TOTAL					

I do not have a PO number, please charge my credit card

CC Type	
Cardholder's Name	
Account No.	
Expiration Date	
CVV # (3 or 4 digits)	

Date	
Signature	

Please submit Order Form by mail, fax, or email to the Customer Service Dept of Abbiotec.