

SAMPLE KIT ORDER FORM

FAX TO: (303) 270-2175

CLIENT INFORMATION

Account Name: _____ Account Number: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

KIT REQUEST

Date Needed By: _____

Quantity of Kits (\$12.00 per Kit. **Minimum Purchase of 5 Kits**) : _____

Quantity of Kits (\$20.00 per Kit. **<5 Kits**) : _____

**An additional shipping charge of \$75 will be added to overnight or expedited shipments.*

Kits and tubes can also be purchased directly from www.fishersci.com Catalog No. 22-130-027

PAYMENT

Bill facility Check payment enclosed with sample

Credit Card: (circle one) Visa MC Discover American Express

Name on credit card: _____ CVV # (Security code) _____

Credit Card #: _____ Expiration: _____

Billing Address: _____

COMMENTS

PLEASE ALLOW TWO WEEKS FOR DELIVERY