

## 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](http://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

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\_\_\_\_\_

PLEASE ALLOW TWO WEEKS FOR DELIVERY