**Customer Contact and Order Form**

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| **Contact Information** |
| Company/Institute:  |  | Date:  |  |
| Contact Name:  |  | Phone:  |  |
| Title: |  | Fax: |  |
| Address:  |  | Email:  |  |
| City:  |  | Country: |  |
| State: |  | Zip: |  | **E-mail confirmation requested?** Yes / No |
| **How did you hear about us?** |  | **New Customer?** Yes / No |
| **Billing & Shipping Information** (If different from above) |
| Bill to: |  | Ship to: |  |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| City: |  | City: |  |
| State: |  | Zip: |  | State: |  | Zip |  |
| **Payment Options**  |
| **\_\_\_\_\_VISA** | Cardholders Name: |  | Expiration Date:  |  |
| **\_\_\_\_\_MasterCard** | Card Number: |  | Security Code: |  |
| **\_\_\_\_\_Invoice 30 days Net** | PO Number: |  |
| Authorizing signature: |  |
| **Shipping Information**  |
| Domestic Orders | Shipped via FedEx on dry ice or gel packs. Orders placed Monday or Tuesday will be shipped out on Wednesday. Orders placed Wednesday - Sunday will be shipped out on Monday.  |
| International Orders | All orders will be shipped via FedEx or Biocair on dry ice or gel packs on Monday. |
| Alternate ship date if requested: |  |
| **Order** |
| Item Number | Product | Quantity | Price Each | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal\*** |  |

\*Shipping and applicable taxes will be calculated at the time of shipment