

Supplies Order Form

Date: _____	Purchase Order No: _____
Shipping Address	Billing Address (if different from shipping address)
Contact name: _____	_____
Company: _____	_____
Address: _____	_____
City-State & Zip: _____	_____
Phone No: _____	_____
Fax No: _____	_____

Supply Item	Unit	Unit Price	Item Qty	Total
Sample Carrier				
Air-O-Cell Cassette	Each	\$ 7		
Sample Bag	Pack of 50	*Free		
Swab	Each	*Free		
Culture Medium				
Cellulose Agar	Each	*Free		
Malt Agar (MEA)	Each	*Free		
DG-18	Each	*Free		
Equipment Rental				
Zefon Mini-Pump	Day	\$ 30		
Sub Total				
Taxes				
Total				

Is this order for pick up? _____ If so, when: _____
 Shipping (Airborne, FedEx) _____ Account No: _____

Media will be shipped overnight.
 For other items, preferred shipping (circle one) Overnight
 2nd day Ground.

* free supplies are for our clients only.
 To order, call 864-233 3770 or fax this form to 864-233 3779

Thank you for your order

Ordered by: _____	Date: _____
Received: _____	Date: _____
Shipped on: _____	

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