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
Allergenco-D Cassette	Each	4.00		
Tapes	Each	1.00		
Transporter Swabs	Each	1.00		
Culture Medium				
Cellulose Agar	Each	*Free		
Malt Extract Agar (MEA)	Each	*Free		
Shipping	Varies	Varies		
Shipping Charges – Varies on				
Amount Shipped and Type of				
Shipping				
Equipment Rental	Local use only -	-based on a 24 ho		
Mini Pump	Per Day	15.00		
Anderson Pump	Per Day	30.00		
			Sub Total	
			Taxes	
			Total	

Is this order for pick up? _____ If so, when: _____ Media will be shipped overnight.

Shipping is at your choice and your cost. Do you want shipped FedEx (if so, how fast) or Standard ground shipping (circle one).

* Supplies are for our clients only.

WE ARE NOT A SUPPLIER, IF YOU OBTAIN SUPPLIES FROM US WE EXPECT YOU WILL **RETURN THEM FOR ANALYSIS FROM US.**

To order, call 864-233 3770 or fax this form to 864-233 6589

Thank you for your order

Ordered by:_____

Date:

SEEML Labs 102 Edinburgh Court Greenville SC, 29607 Phone: 864-233 3770 Fax: 864-233 6589 www.seeml.com AIHA EM1AP #173667 Form 31.0 Rev 2 12/01/17