

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		
Bio Swabs	Each	1.00		
Culture Medium				
Cellulose Agar	Each	*Free		
Malt 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 hour turnaround				
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: _____