

DATE		Customer #	
Salesperson		Tax ID #	
For Office Use Only	Quote #	Phone #	
	Received By:	Fax #	
	Date	Email Address	

SHIP TO	
Organization	
ATTN	
Address	
City, State, ZIP	

<input type="checkbox"/> Bill to shipping address	BILL TO
Organization	
ATTN	
Address	
City, State, ZIP	

Stock Status	Catalog Number	QTY	Item Description	Price
			Subtotal #1	
Discount Percentage: _____%			Discount	
Sales Tax Percentage: _____%			Sales Tax	
			Subtotal #2	
			Shipping Charges	
			TOTAL	

Ship VIA	Ground	2-Day	Standard Overnight	Priority Overnight	Account # _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Options				
Credit Card	Card Type	Name on Card	Card Number	EXP Date
Purchase Order				

1.888.bio.PLUS
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