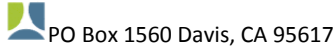


# Antibodies Incorporated



PO Box 1560 Davis, CA 95617

Toll-free: 1-800-824-8540, Fax: 530-758-6307

## International Order Form

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Order Date: \_\_\_\_\_

Institution: \_\_\_\_\_

New Customer? \_\_\_\_\_

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Dept. /Bldg.: \_\_\_\_\_

Dept. /Bldg.: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Attention: \_\_\_\_\_

Attention: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Terms: Net 30 Other: \_\_\_\_\_

Shipping Terms (select one): Prepay & Add My Acct #

(select one) PO#: \_\_\_\_\_

Shipping Account #: \_\_\_\_\_ Expedite (\$15)?

Credit Card #: \_\_\_\_\_

Ship Via (select one): FedEx DHL

Exp Date: \_\_\_\_\_ Security code: \_\_\_\_\_

(For Int'l orders Shipping is \$125 USD + \$25 USD order processing)

Catalog#:	Description of Product:	Qty:	Lot#:	Price:

Comments/Special Handling: \_\_\_\_\_

Shipping fee:
Total: