

# Antibodies Incorporated



PO Box 1560 Davis, CA. 95617

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

## Order Form

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

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

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

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

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

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

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

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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): Priority Overnight (\$50.00)

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

(For Int'l orders Shipping is \$100USD + \$15USD processing)

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

Catalog#	Description of Product	Qty	Lot#	Price

Comments/Special Handling:

Shipping fee:

Total: