AVES LABS, INC.
12571 S.W. Main Street
Tigard, Oregon 97223 USA
Phone: (503) 598-8766
Fax: (503) 598-8746

Reagents Order Form

CONTACT AND SHIPPING ADDRESS:

(This individual will receive shipment and all notices)

CONTACTNAME ❑Dr. ❑Mr. ❑Ms. _____

DEPARTMENT_____

INSTITUTION_____

ADDRESS _____

CITY/STATE (PROVINCE)_____

ZIP(POSTAL)CODE/COUNTRY_____

TELEPHONE _____

FAX_____

EMAIL_____

P.I. NAME _____

DATE OF ORDER:

BILLING ADDRESS:

NAME_____

DEPARTMENT_____

INSTITUTION_____

ADDRESS _____

CITY/STATE (PROVINCE) _____

ZIP(POSTAL)CODE/COUNTRY_____

TELEPHONE _____

FAX_____

EMAIL_____

ORDERING ITEMS

ITEM #	DESCRIPTION	CATALOG#	QUANTITY	PRICE
1				
2				
3				
4				
5				
6				
	Shipping....(approximately $35.00)			
			TOTAL	

HOW DID YOU HEAR ABOUT US?

ADVERTISING: ◯ CELL ◯ SCIENCE ◯ NATURE.COM ◯ BIOCOMPARE.COM ◯ TRADE SHOW

◯ DIRECTMAIL ◯ PREVIOUS CLIENTS ◯ WEB SEARCH ◯OTHER:_____

PURCHASING INFORMATION

METHOD OF PAYMENT ◯ MasterCard ◯ VISA ◯ PURCHASE ORDER NUMBER _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ – ☐☐

CREDITCARD NUMBER EXPIRATIONDATE

_____ _____

PRINTNAME AS ITAPPEARS ON CARD SIGNATURE