

P.O.Box 153308 San Diego, CA 92195-3308 Tel: 1.858.633.0165

To place your order:

- (1) Please fill out this form and fax it to 1.858.633.0166
- (2) Or send an email to sales@mybiosource.com and attach this order form.

Contact Inform	<u>ation:</u>						
Company N	ame:						
Order Place	d By:						
	mail:						
Telephone:				Fax:			
Shipping/Billin	a Add	ress Information:					
<u> </u>	9 7 10101	Shipping A	ddress	Billing Address (if different)			
Company or							
Institution:							
Attention:							
Street Address:							
	.						
City:							
State/Prov							
Zip/Postal Code:							
	untry:		_				
Fed-Ex Accour	1t # (if a	applicable):	_				
Payment Inform	nation	•					
Purchase Order # (Please attach Purchase Credit Card #:			order il applicable).		tion Date	٠.	
Name on Card:				Card Verification #:			
Name on V	Jaru.			- Cara v	Cilicatic	π .	
Product Inform	ation:						
Catalog # Product Na		me	Qty.	Size	Price	Subtotal	
Shipping (\$55 fo	r California, \$75 for US	SA, \$90 for Canad	a, \$150	for Interr	national):	
		Californ	nia Tax (add 8.75%	√ tax if s	hip to Ca	alifornia):	
						Total:	
Special Instru	ction:						
	V	Nama		\	-	T	Deta
Your Name			Signature				Date
<u> </u>			1				