

# EZBiolab Product Order Form

Fax: 317-663-0721 Email: [service@ezbiolab.com](mailto:service@ezbiolab.com)

Date \_\_\_\_\_

**Shipping Address:**

Name \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

**Billing Information:**

P. O. # \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_

**If pay by a credit card, please enter:** Visa  Master  Amex   
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

	Item Name	Catalog #	Unit	Price(\$)	Quantity	Item Total (\$)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

<b>Total Items:</b> _____	<b>Sub Total</b> \$
	<b>Shipping</b> \$
	<b>Total</b> \$

**Comment:**