



LINCoplex[®] Kit CUSTOM ORDER FAX FORM
 For use with xMAP[®] Technology & Luminex[®] Instrumentation
 (or equivalent). Call for Details.

HUMAN RANKL SINGLE PLEX KIT

Customer's Name: _____ Acct #: _____

Tele: _____ **Job Title:**
 Purchasing Agent End User

Fax: _____ _____

EMAIL Address: _____ **New Customers:**
 How did you hear of us?
 Website IBC Webcast Mag. Ad Email Broadcast
 Trade Show _____ Other _____

Principal Investigator: _____

Order Information

PO #: _____ End User: _____

Credit Card # _____ Exp. Date: _____ MasterCard Visa

Cardholder's Name: _____

Payment Terms: Net 30 Days Freight Terms: Prepaid & Added FOB: Shipping Point
Check: I have read and agree that the terms listed above will apply to this order. If a FedEx
 account number is provided, Freight Terms will be Collect.

Bill to: _____ _____ _____ _____	Ship to: _____ _____ _____ _____
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Catalog #	Qty	Product Name	Unit Price	Total Price
HBN51K1RANKL		Human RANKL Single Plex	\$	\$

Delivery within three business days.

COMMENTS _____

