



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

For use with xMAP®  
Technology &  
Luminex®  
Instrumentation  
(or equivalent). Call  
for Details.

## MOUSE 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Catalog #	Qty	Product Name	Unit Price	Total Price
MBN-41K-1RANKL		Mouse RANKL Single Plex Kit	\$	\$

Delivery within three business days.

**COMMENTS** \_\_\_\_\_

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MILLIPORE • 6 Research Park Dr. • St. Charles, Missouri 63304  
Phone (636) 441-8400 • Fax (636) 441-8050 • [www.millipore.com/milliplex](http://www.millipore.com/milliplex)