LINCO*plex*® Kit CUSTOM ORDER FAX FORM

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

MOUSE CRP SINGLE PLEX KIT

Customer's Name: _____ **Acct #:** _____

Tele: _____

Fax: _____

EMAIL Address: _____

Principal Investigator:_____

Job Title:
- ❑ Purchasing Agent ❑ End User
- ❑ _____

New Customers:
How did you hear of us?
Website IBC Webcast Mag. Ad Email Broadcast
Trade Show_____ Other_____

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
MCVD77K1CRP		Mouse CRP Single Plex Kit	$	$

Delivery within three business days.

COMMENTS_____

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