



# MILLIPLEX<sup>®</sup> MAP CUSTOM ORDER FAX FORM

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

## RAT RANKL 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
RBN-31K-1RANKL		Rat RANKL Single Plex Kit	\$	\$

Delivery within three business days.

**COMMENTS**

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