



# MILLIPLEX™ MAP CUSTOM ORDER FAX FORM

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

## RAT CVD PANEL 2 IMMUNOASSAY 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 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:**

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

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

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

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

## Rat CVD Panel 2 Order Form, Page 2 of 2

Catalog #	Qty	Product Name	Unit Price	Total Price
RCVD2-89K - _ _		Rat CVD Panel 2 Immunoassay Kit	\$	\$
Check (√) which you wish to order from the following list.				
<b>Cat #.</b>	√	<b>Description</b>		
RESEL		Rat sE-Selectin Beads		
RSICM1		Rat sICAM-1 Beads		

**Delivery within three business days.**