



Colorado Serum Company Reagent Order Form

P.O. Box 16428
4950 York Street Denver, CO 80216
Fax: 303-295-1923
Phone: 800-525-2065
www.coloradoserum.com

Bill To:
Today's Date: ____/____/____

Ship To: _____

Acct #: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

PO #: _____

Attn: _____

Credit Card #: _____

Exp: ____/____ V-Code: _____

Visa ____ MasterCard ____

Contact Information:

Name: _____

Phone: _____

Fax: _____

E-mail: _____

Terms:

Net 30 - FOB Denver

Quantity	Catalog #	Product Description	Price	Requested Delivery Date

Shipping Method:

FedEx Enter account # if shipped collect _____
UPS Enter account # if shipped collect _____

* FedEx will be used unless otherwise requested

Special Instructions:

All shipping charges are pre-paid unless otherwise noted