

Orders are final after submission. * All Required Fields must be filled out before orders can be processed. Please send the completed form with your samples, **or** FAX to 1-510-398-1515, **or** EMAIL to support@appliedbiomics.com

<u>ABO Internal Use</u>	
PC: _____	PL: _____
Order: _____	

Customer Information

*Category	<input type="checkbox"/> Same as previous project number _____ <input type="checkbox"/> Academic / Governmental Lab <input type="checkbox"/> Industrial / Commercial Lab
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*Date	_____
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***Contact Person**
***PI (Same as Contact Person)**

*Name (First Last)		
*Company/Institution		
*Department		
*Phone number		
*Email Address		
*Mailing Address	_____	

*** Billing Information (Check One and fill out all corresponding fields)**

Purchase Order: Please send a hardcopy by Email: ar@appliedbiomics.com or Fax (1-510-398-1515)

Credit card: Please provide the following information

Contact person	_____
Phone number	_____
Email Address	_____

*** Service Description**
Quantity

<input type="checkbox"/> Additional data analysis (per hour)	_____
<input type="checkbox"/> Formal report using Applied Biomics' template (per project)	_____
<input type="checkbox"/> Computerized 2D gel comparisons (>=2 gels)	_____
<input type="checkbox"/> Extended spot storage (per year) Project Code: _____	_____
<input type="checkbox"/> Serum Albumin/IgG depletion (20 ~ 30 µl)	_____
<input type="checkbox"/> Phospho-protein enrichment	_____



Other services

*** Order Submitted and Agreed to by :** _____

Print Name and Title

Signature

By signing this form, I certify that I have read the "Terms and Conditions" at <http://www.appliedbiomics.com/terms.html>, and will fully comply with those terms as a condition to the services provided by Applied Biomics.