

CITIFLUOR PRINTABLE ORDER FORM

www.citifluor.com

Return to:
Electron Microscopy Sciences
P.O. Box 550
1560 Industry Road
Hatfield, PA 19440
Fax: 215-412-8450
Email: sgkcck@aol.com

Name of Company/Organization:	Purchase Order Number: (See Note 1)
	Date of Order:
Tel. Number:	Contact Name:
Fax Number:	Name of user of material:
Delivery Address:	Invoice Address:

ORDER DETAILS

No. of Bottles	Volume per Bottle	Description of Product
Example:		
2	25ml	AF1 mountant solution

Do you wish to pay by Credit Card? (See Note 3) Check appropriate box: Yes No

Additional Comments:

Name of person authorizing the order (please print):

How did you discover Citifluor?

Notes:

1. A Purchase Order Number helps your organization to identify the intended recipient. If your organization does not use this system, please input "1" for the number.
2. If you are tax exempt, please send a copy of the appropriate certification with the order.
3. We can accept payment by American Express, Discover, MasterCard and VISA. For customers wishing to pay by credit card, on receipt of your Order Form we will contact you for your card details. You should not include sensitive details anywhere on this form.