

ORDER FORM

KAMIYA BIOMEDICAL COMPANY

12779 Gateway Drive, Seattle, WA 98168, Phone: 206-575-8068, Fax: 206-575-8094

Date _____

PO or Order Number _____ Phone _____
Contact Name _____ Title _____ E-mail _____

Bill to Address:

Attention _____
Company/Institute _____
Address _____

Phone _____
E-mail _____

Ship to Address: Same as Bill to Address

Attention _____
Company/Institute _____
Address _____

Phone _____
E-mail _____

Method of Payment:

- Purchase Order - for customers with an approved line of credit (contact us for application, if needed)
- Wire transfer - instructions will be provided.
- Credit card - U.S. customers only, credit card authorization form will be sent.

Shipping Method:

U.S. Customers: All domestic shipments use FedEx Priority Overnight

Use my FedEx account No. _____ or Add shipping cost to my bill

International Customers:

Most of our products are perishable. We will advise you regarding a reliable shipping carrier to your country.

However, if you have a shipping carrier preference and account number, please specify.

Requested Carrier _____ Account No. _____

Order Summary:

Quantity	Catalog No.	Description	Unit Price (USD)	Total Amount (USD)

Note: Additional charges for handling, freight, and taxes will be added, as applicable. **Sub Total**

USD

Special Instructions/Requests _____

Please fill out this form and fax to +1 206-575-8094 or e-mail to ordering@k-assay.com
Some products are made-to-order. If a product cannot be shipped soon, you will be contacted to confirm the lead time.