AKONNI ORDER FORM

DATE:
ORDER #:

REQUESTOR
Name:
Department:
Company:
Street Address:
Street Address:
City, St., Zip:
Country:
Phone:
Fax:
Email:

BILL TO
Name:
Department:
Company:
Street Address:
Street Address:
City, St., Zip:
Country:
Phone:
Fax:
Email:

SHIP TO
Name:
Department:
Company:
Street Address:
Street Address:
City, St., Zip:
Country:
Phone:
Fax:
Email:

SALESPERSON	QUOTE #	PO #	SHIPPING METHOD	PAYMENT TERMS	DUE DATE
				NET 30 Days	

QTY	CATALOG #	PRODUCT NAME	UNIT PRICE	LINE TOTAL
			S&H	
			SUBTOTAL	
			SALES TAX	
			TOTAL (USD)	

NAME ON CARD:
CREDIT CARD TYPE:
CREDIT CARD #:
EXP. DATE:
SECURITY CODE:

All orders must be paid in advance, by credit card (VISA, MC, Discover or AMEX), or by purchase order. **SALES TAX: CA BUYERS ADD 8.25%, MD BUYERS ADD 6%.** Purchase order payment terms: To receive a quote and for complete terms and conditions contact Akonni Biosystems at (301) 698-0101 or email to sales@akonni.com.

Please email orders to sales@akonni.com. Thank you for your support!

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