



american diagnostica inc.

creating products for life®

(for existing customers)

Please FAX ORDER to: 203-602-2221

Dear Valued Customer: In order to provide the best possible service to you and avoid mistakes, we ask that all orders that we receive have certain information in writing. Although this may appear to be a needless and time-consuming step, this helps ensure that you receive the perishable product that you desire, delivered to your designated location, when you expect it to arrive. Thank you.

Your Information:

DATE: _____ CUSTOMER N°: _____ PURCHASE ORDER N°: _____

INSTITUTION: _____

NAME: _____ TITLE: _____

TEL (REQ.): _____ FAX: _____ EMAIL: _____

Ship To:

INSTITUTION: _____ ATTN. TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Bill To:

INSTITUTION: _____ ATTN. TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Credit Cards: VISA MASTER CARD (ONLY)

CARD HOLDER: _____ CARD No.: _____

EXP DATE _____ CVV CODE _____

Carrier: FedEx 2nd day P1 (overnight) Other _____ Collect Acc. No: _____

Order:

| Product No. | Product Description | Quantity | Price Each | Required Delivery Date |
|-------------|---------------------|----------|------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Special Instructions: _____

Your Signature _____ Date: _____ Time: _____

Your order will be confirmed via fax. Thank you for asking us to be a resource to your laboratory!

American Diagnostica Inc. 500 West Avenue, Stamford, CT 06902

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