



PRODUCT ORDER FORM

Physician Office Laboratory

Date: _____ P.O. #: _____
Institution: _____
Contact name: Laboratory: _____
Phone: _____ FAX: _____ E-MAIL: _____
Contact name: Purchasing: _____
Phone: _____ FAX: _____ E-MAIL: _____
Accts Payable Phone: _____ Tax exempt ID#, if applicable: _____
Instruments in use: _____

Table with 5 columns: Order #, Enter quantities below, Description, Price, Total. Rows include items like Chem 20, Chem 21, Chem 22, Chem 17, TDM, CM1, CM2, LP, SP1, UC1, OSMO, UC4, UC5, THY, Chem 20 Single Use, Chem 21 Single Use, and an Order Total row.

Table with 2 columns: BILL TO ADDRESS, SHIP TO ADDRESS. Includes ATTN: fields for both.

Special shipping instructions, if applicable: _____
Products are normally shipped within 5 - 7 business days from receipt of order.

FAX order to 207-892-2266

Email order to sales@mainestandards.com

Maine Standards Company, LLC Fed Tax ID# 01-0539297

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