Printable Order Form

Your Fisher Science Education Account # _____

Purchase Order # _____ Date _____ Billing Terms: Net 30 Days

Bill to:

Name _____

Title _____

Institution _____

Dept. or Bldg. _____ Room # _____

Address _____

_____

City/State _____ Zip _____

Phone ( ) _____

Fax ( ) _____

E-mail _____

Method of Payment: (please check one)

☐ Bill to Fisher Science Education Account # (above)

☐ Check or Money Order
Make checks payable to Fisher Science Education

☐ Master Card ☐ Visa ☐ AmEx

Note: *on all credit card orders, "Bill to" address must match address on credit card.*
Credit Card Orders are subject to tax unless a tax exempt card is used.

Expiration Date _____

Cardholder's Signature _____

Ship to:

Name _____

Title _____

Institution _____

Dept. or Bldg. _____ Room # _____

Address _____

_____

City/State _____ Zip _____

Phone ( ) _____

Fax ( ) _____

E-mail _____

Whom should we contact with questions about this order?

Name _____

Phone ( ) _____

What's the best time to be reached? _____
(Day of Week/Time of Day)

* ***Please note: chemicals, bacterial cultures, balances and certain hazardous materials cannot be purchased by private individuals.*** *

Approved by:

Signature _____

Title _____

Quantity	Catalog #	Description of Item	**LIVE MATERIAL:** Specify Date Wanted	Unit Price	Total

Sub Total 0

Complete back of page with Shipping & Handling and applicable tax information and additional ordering space. Additional ordering space available on back of page.

Fisher Science Education
Part of Thermo Fisher Scientific

Your Fisher Science Education Account #_____

Fisher Science Education
Part of Thermo Fisher Scientific