KJ Biosciences, LLC

Order Form

Ship to:

Name:
Institution
Address 1:
Address 2:
City/State/Zip:
Country:
Phone:
Email:

Bill to:

Name:
Institution
Address 1:
Address 2:
City/State/Zip:
Country:
Phone:
Email:

Order items:

Catalogue #	Number of units	Unit price	Extension
Total cost			

Billing information:

❑	Purchase order number: _____
❑	Credit card payment: request an online credit card invoice.

Shipping information:

❑	Shipping and handling: $10
❑	Shipping cost at Fedex (It will be added to the invoice).
❑	Use customer's Fedex account number: _____

Notes:

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