



## Clean Genome® *E. coli* Billing and Shipping Information

Please fill out the forms, including a valid purchase order number or credit card information, and Fax all pages of this document to (608) 257-2043.

### Product Ordering

Quantity	Cat. No.	Product	Size	Price/Unit	Total
<input type="checkbox"/>	D-0308-01	Electroporation Cuvettes	1 mm	\$145/50 unit bag	<input type="checkbox"/>
<input type="checkbox"/>	D-0308-02	Electroporation Cuvettes	2 mm	\$145/50 unit bag	<input type="checkbox"/>
<input type="checkbox"/>	D-0508-10	10X MOPS Buffer for EZ Rich Defined Medium	100 ml	\$40	<input type="checkbox"/>
<input type="checkbox"/>	D-0710-100	10X Modified Korz Medium, Sterile	100 ml	\$39	<input type="checkbox"/>
<input type="checkbox"/>	D-0710-1L	10X Modified Korz Medium, Sterile	1000 ml	\$99	<input type="checkbox"/>
<input type="checkbox"/>	D-0710-1002	10X Modified Korz Medium with 2.0% Glucose, Sterile	100 ml	\$39	<input type="checkbox"/>
<input type="checkbox"/>	D-0710-1L2	10X Modified Korz Medium with 2.0% Glucose, Sterile	1000 ml	\$99	<input type="checkbox"/>
<input type="checkbox"/>	D-0710-1L5	Korz Feed Medium, Sterile	1000 ml	\$99	<input type="checkbox"/>
		Shipping Fee*			<input type="checkbox"/>
		WI Tax (5.5%, only WI Institutions)			<input type="checkbox"/>
		Total			<input type="checkbox"/>

\*Shipping Fee:

**US and Canada - \$65**

**International** – Shipping costs are based on order size and determined at the time the order is packed. Generally, international shipping is at least \$200.00.



## Clean Genome® *E. coli* Billing and Shipping Information

**To complete your order, please provide the requested information.**

Please fill out the form, including a valid purchase order number or credit card information. If your organization is tax exempt, please provide its CES Number.

### Billing Information:

Purchase Order Number

Credit Card Number

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VISA

MasterCard

Exp: MM/YY

\_\_ / \_\_

Name on Credit Card

First Name:

Last Name:

Organization:

Address:

Address:

City:

State:

ZIP:

Country:

Phone:

Fax:

E-mail:

CES Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Clean Genome® *E. coli* – Shipping and Billing Information



## Clean Genome® *E. coli* Billing and Shipping Information

### Shipping Information (if different than billing):

Same as billing

First Name:

Last Name:

Organization:

Address:

Address:

City:

State:

ZIP:

Country:

Phone:

Fax:

E-mail:

### Form Company Use:

Approval #: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Reference #: \_\_\_\_\_



Clean Genome® *E. coli*

## FACSIMILE TRANSMISSION FORM

**Please make sure to include the Order Form, Billing and Shipping Information pages.**

DATE: \_\_\_\_\_

TO: Scarab Genomics  
ATT: ORDERING DEPARTMENT  
FAX: 608 257-2043

FROM:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_