

Product Order Form

Instruction:

Please fill out the following order form and either email it to sales@pantomics.com or submit it by fax to 1-510-529-3023.

Date	Order No	Pantomics Acc. No (if any)

Contact Information:

First Name: _____ **Last Name:** _____ **Ms.** **Mr.** **Dr.**

Email: _____ **Phone:** _____ **Fax:** _____

Products:

Item	Cat. No.	Description	Unit Price	Qty	Total
1					
2					
3					
4					
5					
6					
7					
8					
Total:					

Shipping Address:

Institution: _____

Dept: _____

Street Addr: _____

City: _____

State: _____

Zip Code: _____

Billing Address (if different):

Institution: _____

Dept: _____

Street Addr: _____

City: _____

State: _____

Zip Code: _____

If pay by credit card, please provide the following information:

Card type: Visa Master card

Card number: _____ Expiration date: _____

Name on the card if different from the contact person: _____

Your signature: _____ Date: _____