



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 1-510-653-1227.

| | | |
|-------------|-----------------|-----------------------------------|
| Date | Order No | Pantomics Acc. No (if any) |
| | | |

Contact Information:

| | | |
|--------------------|-------------------|---|
| First Name: | Last Name: | Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> |
| 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: _____