

## Product Order Form

**Instruction:**

Please fill out the following order form and either email it to [sales@pantomics.com](mailto:sales@pantomics.com) or submit it by fax to 1-510-225-1084.

Date	Order No	Pantomics Acc. No (if any)

**Contact Information:**

<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>Ms.</b> <input type="checkbox"/> <b>Mr.</b> <input type="checkbox"/> <b>Dr.</b> <input type="checkbox"/>
<b>Email:</b> _____	<b>Phone:</b> _____	<b>Fax:</b> _____

**Products:**

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

**Shipping Address:**

<b>Institution:</b> _____
<b>Dept:</b> _____
<b>Street Addr:</b> _____
<b>City:</b> _____
<b>State:</b> _____
<b>Zip Code:</b> _____

**Billing Address (if different):**

<b>Institution:</b> _____
<b>Dept:</b> _____
<b>Street Addr:</b> _____
<b>City:</b> _____
<b>State:</b> _____
<b>Zip Code:</b> _____

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: \_\_\_\_\_