

Purchase Order Form

*This form may be filled out and submitted using SUBMIT FORM button on the second page OR printed and sent to the fax number below.

Date _____

Shipping Address

Name	
Institution	
Department	
Shipping Address	
City	
Province/State	
Zip (Postal) Code	
Country	
Phone Number	
Fax Number	
E-mail	

Billing Address

Same as shipping

Name	
Institution	
Department	
Billing Address	
City	
Province/State	
Zip (Postal) Code	
Country	
Phone Number	
Fax Number	
E-mail	

PAYMENT OPTIONS

A Purchase Order Purchase Order Number _____

B I will call SignalChem with my credit card (Visa/MC) information

Please phone 604 232 4600 or 1 866 9 KINASE (54 6273) with your credit card details upon electronic submission of this form, or print and fax the order form with your credit card details to 604 232 4601

Please note:

SignalChem accepts no responsibility for entry of credit card information on this form.

Catalogue #	Product Name	Quantity	Unit Price	Total

Total Order Amount _____
(shipping and handling charges will be added to final invoice)

Special Shipping Considerations / Additional Information: (if required)

Promotion Code: _____

Quotation Number: _____

For Internal Use Only	
CU:	TW:
BX:	DI:
FE:	
IV:	
DC:	