

FAX BACK to BioQuadrant: ++ 1 514.313.5673 or EMAIL: sales@bioquadrant.com

Company Name: _____

Full billing address:

Street : _____ Number: _____

City : _____ Postal Code: _____

Country: _____

Full shipping address: (if different from billing address)

Street _____ Number _____

City _____ Postal Code _____

Country _____

Name of contact person for ordering: Mr/Mrs: _____
Phone: () _____ Ext: _____

Our preferred carrier for shipment is FedEx. If you want us to ship **FedEx collect**,
please indicate your company's **FedEx account** number here: _____

Payment information:

Name of contact person, accounts payable: Mr/Mrs _____
Phone: () _____

Credit Card Information:

Card type: [] **VISA** [] **MASTERCARD**

Card number: _____ *Expiration date: _____

Name on card: _____ *Security code (3-digit): _____

* If you prefer not to give these details right now, please provide us with a telephone number
where you can be reached; Phone: () _____
Name: _____