



ORDER FORM

DATE: _____

SALES ORDER #: _____

SHIP TO:	
CONTACT NAME:	
COMPANY:	
ADDRESS 1:	
ADDRESS 2:	
CITY / STATE / ZIP	
MAIN PHONE #	
CONTACT PHONE #:	

BILL TO:	
CONTACT NAME:	
COMPANY:	
ADDRESS 1:	
ADDRESS 2:	
CITY / STATE / ZIP	
PHONE #:	

PO #:

SHIP VIA:

ACCT # (OPPTIONAL):

SPECIAL INSTRUCTIONS:

ORDER INFORMATION

QUANTITY	PART # / ITEM DESCRIPTION	FOR MODEL #	PRICE

CREDIT CARD #:

FREIGHT AMT:

EXP DATE: SEC #:

CREDIT CARD BILLING ZIP (IF DIFFERENT):

RECEIPT REQUEST:

**EMAIL TO: ORDERS@QUINICYLAB.COM
OR
CLICK THE SUBMIT ORDER BUTTON**

EMAIL:

MAIL:

**OVENS AND INCUBATORS ARE BUILT-TO-ORDER -- APPROXIMATE 10 WEEK LEAD TIME
DIRECT ORDERS REQUIRE A CREDIT CARD. PLEASE CALL TO PROVIDE (800) 482-4328 (HEAT)**