

Order Form



Phone: 1-866-SEMROCK
 Fax: (585) 594-3898
 E-mail: semrockorders@idexcorp.com

3625 Buffalo Road, Suite 6
 Rochester, NY 14624
www.semrock.com

Buyer Information

| | | | |
|----------------|--------|-----------|--|
| Company: | | Date: | |
| Contact Name: | | Phone: | |
| Email: | | Fax: | |
| Street Address | | | |
| Street Address | | | |
| City: | State: | ZIP Code: | |

Shipping Information Same as Buyer Information

| | | | |
|----------------|--------|-----------|--|
| Company: | | | |
| Contact Name: | | Phone: | |
| Email: | | Fax: | |
| Street Address | | | |
| Street Address | | | |
| City: | State: | ZIP Code: | |

Products

| Part Number | Description | Quantity | Price (\$)* | Total (\$) |
|-------------|-------------|----------|-------------|------------|
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*Customers will be contacted regarding price and/or part number discrepancies
Total (Products only): _____
 Tax will be added for all shipments to **NY, CA, MD, and IN** unless a tax-exempt certificate is provided.

Shipping Method (Freight charges will be added unless a shipping account number is provided)

Ground
 2-Day
 3-Day
 Standard Overnight
 Priority Overnight
 International
 Shipping Account Number: _____ UPS FedEx
 Is a partial shipment acceptable? Yes No

Payment Method

Wire transfer (see www.semrock.com for details)
 PO (upon credit approval) PO Number: _____
 Credit Card (VISA, MasterCard, American Express)
 Credit Card Number: _____ Expiration Date: _____
 Name on Card: _____

Billing Information Same as Buyer Information

| | | | |
|----------------|--------|-----------|--|
| Company: | | | |
| Contact Name: | | Phone: | |
| Email: | | Fax: | |
| Street Address | | | |
| Street Address | | | |
| City: | State: | ZIP Code: | |