



# Order Form

3625 Buffalo Road, Suite 6  
Rochester, NY 14624  
[www.semrock.com](http://www.semrock.com)

Phone: 1-866-SEMROCK  
Fax: (585) 594-3898  
E-mail: [IHSorders@idexcorp.com](mailto:IHSorders@idexcorp.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 (\$)

\*Customers will be contacted regarding price and/or part number discrepancies Total (Products only):

*Tax will be added for all shipments to CA, CT, IN, MA, MD, MN, NJ, and NY 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](http://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:	