

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 (\$)

*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:	