


# PRODUCT ORDER FORM

 **Allied Biotech, Inc**  
 10075 Tyler Place, Suite 19  
 Ijamsville, MD 21754  
 Tel: (301) 874-0496  
 Fax: (240) 465-5802  
 www.alliedbiotechinc.com

QUOTATION # \_\_\_\_\_

CUSTOMER INFO	BILLING INFO
NAME _____	METHOD OF PAYMENT <input type="checkbox"/> PURCHASE ORDER
POSITION _____	<input type="checkbox"/> CREDIT CARD
ADDRESS _____ _____ _____	P.O. NUMBER _____
PHONE _____	BILLING ADDRESS _____ _____ _____
FAX _____	CONTACT NAME _____
EMAIL _____	PHONE _____
	FAX _____

Item #	Description	Quantity	Price	Amount

**SHIPPING / SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SHIPPING DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ABI Office Use ONLY