

**TELOMERASE SERVICE
ORDER FORM**

Allied Biotech, Inc
10075 Tyler Place, Suite 19
Ijamsville, MD 21754
Tel: (301) 874-0495
Fax: (240) 465-5802
www.alliedbiotechinc.com

QUOTATION # _____

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

SAMPLE TYPE cell extract tissue extract other: _____

NUMBER OF SAMPLES _____ SAMPLE VOLUME _____ (5µl minimum)

SHIPPING: Please ship samples on dry ice by overnight delivery service on any day except Friday
Please email to info@alliedbiotechinc.com to notify on what date the samples were shipped

SHIPPING ADDRESS: Allied Biotech Inc.
10075 Tyler Place Suite 19
Ijamsville, MD 21754

SHIPPING DATE ____ / ____ / ____

<p>For Allied Biotech Inc. staff only:</p> RECEIVED ON ____ / ____ / ____ CONDITION _____
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