

# Pipette calibration mail in order form

## REQUEST SIGNATURE FOR DELIVERY!

**P.O. Number:** \_\_\_\_\_

OR

**Credit Card Number:** \_\_\_\_\_

Exp date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (last 3 digits on back of card)

**Your name:** \_\_\_\_\_ **Phone:**(\_\_\_\_) \_\_\_\_\_ **Fax:**(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Ship To:** \_\_\_\_\_ **Bill To:** \_\_\_\_\_

**Company/Institution:** \_\_\_\_\_

**Dept/Bldg/Room#:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Return shipping info: (account number& carrier)**

How do you wish to have these returned: (please circle one)

Overnight    Overnight priority    2day    3day    ground

List your pipettes:

	Model/Brand	Serial Number	Notes
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

For pipettes that require special tips, please send a few tips with them.