

Supplies Order Form

| | |
|-------------------------|--|
| Date: _____ | Purchase Order No: _____ |
| Shipping Address | Billing Address (if different from shipping address) |
| Contact name: _____ | _____ |
| Company: _____ | _____ |
| Address: _____ | _____ |
| City-State & Zip: _____ | _____ |
| Phone No: _____ | _____ |
| Fax No: _____ | _____ |

| Supply Item | Unit | Unit Price | Item Qty | Total |
|-------------------------|------------|------------|----------|-------|
| Sample Carrier | | | | |
| Air-O-Cell Cassette | Each | \$ 7 | | |
| Sample Bag | Pack of 50 | *Free | | |
| Swab | Each | *Free | | |
| Culture Medium | | | | |
| Cellulose Agar | Each | *Free | | |
| Malt Agar (MEA) | Each | *Free | | |
| DG-18 | Each | *Free | | |
| Equipment Rental | | | | |
| Zefon Mini-Pump | Day | \$ 30 | | |
| Sub Total | | | | |
| Taxes | | | | |
| Total | | | | |

Is this order for pick up? _____ If so, when: _____
 Shipping (Airborne, FedEx) _____ Account No: _____

Media will be shipped overnight.
 For other items, preferred shipping (circle one) Overnight
 2nd day Ground.

* free supplies are for our clients only.
 To order, call 864-233 3770 or fax this form to 864-233 3779

Thank you for your order

| | |
|-------------------|-------------|
| Ordered by: _____ | Date: _____ |
| Received: _____ | Date: _____ |
| Shipped on: _____ | |

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