



INTERNATIONAL PHADEBAS® ORDER FORM

Please fill in all applicable yellow fields

| | |
|--------------------------|--|
| Customer number*: | |
|--------------------------|--|

**If you don't have a 4 digit customer number, please enter detailed address information below.*

| | |
|---------------------------|------------------------|
| Company Name: | |
| VAT number**: | (For EU member states) |
| Purchase Order no: | |
| E-mail: | |
| Phone: | |
| Fax: | |

***Applicable to all companies and organisations within the European Union: A 25% Value Added Tax is added to your total order value if the VAT number is missing*

Please tick (X) your branch or industry:

| Customer Category | |
|-------------------|--|
| Biotech science | |
| Distributor | |
| Honey | |
| Chemical industry | |
| Forensic science | |

| Customer Category | |
|------------------------------------|--|
| University within Forensic science | |
| Food | |
| Medicine | |
| University | |
| Other (please state) | |

YOUR ORDER

| Product Name | Description | Order # | Unit price | # of Units | Order value |
|--|-----------------------|---------|------------|------------|-------------|
| Phadebas® Amylase Test 50 | 1x50 tablets | 1301 | | | |
| Phadebas® Amylase Test 500 | 5x100 tablets | 1302 | | | |
| Phadebas® Forensic A4 | 195x300 mm, 12 pcs | 1314 | | | |
| Phadebas® Forensic A3S | 395x300 mm, 25 pcs | 1315 | | | |
| Phadebas® Forensic A3M | 395x300 mm, 50 pcs | 1316 | | | |
| Phadebas® Forensic CR | 395 mm x 15 m, 1 roll | 1317 | | | |
| Phadebas® Honey Diastase Test 50 | 1x50 tablets | 1321 | | | |
| Phadebas® Honey Diastase Test 500 | 5x100 tablets | 1322 | | | |
| Total order value excl shipping, insurance and handling | | | | | |

In the table below (bottom part), fill in the delivery address. If the invoicing address differs from the delivery address, please fill in the top part of the table as well. If you are a registered customer with Magle, and you wrote your customer# above, it is not necessary to fill in the table, *unless* details have recently changed.

| |
|--------------------------|
| Invoicing address |
| Company name: _____ |
| Address 2: _____ |
| Address 3: _____ |
| Postcode: _____ |
| City: _____ |
| Country: _____ |
| Contact person: _____ |
| E-mail: _____ |
| Phone: _____ |

| |
|-------------------------|
| Delivery address |
| Company name: _____ |
| Address 2: _____ |
| Address 3: _____ |
| Postcode: _____ |
| City: _____ |
| Country: _____ |
| Contact person: _____ |
| E-mail: _____ |
| Phone: _____ |

DELIVERY AND PAYMENT

- A 8 % shipping, insurance and handling surcharge will be added to your order value (min €14, max €100). All goods is fully insured to the point of delivery
- Payment term on the Invoice is net 30 days or Proforma

| | |
|-----------------------|--|
| Date and name: | |
|-----------------------|--|

**Please save and e-mail this form to order@phadebas.com or fax to +46 44 75104
Thank you for the order – You will receive a confirmation by e-mail or fax**