



PHADEBAS® ORDER FORM (USA/CANADA)

Please fill out all applicable yellow fields

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

Company Name:	
Purchase Order no:	
E-mail:	
Phone:	

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	\$119		
Phadebas® Amylase Test 500	5x100 tablets	1302	\$872		
Phadebas® Forensic A4	11.8"x7.7", 12 pcs	1314	\$129		
Phadebas® Forensic A3S	15.5"x11.8", 25 pcs	1315	\$474		
Phadebas® Forensic A3M	15.5"x11.8", 50 pcs	1316	\$739		
Phadebas® Forensic CR	15.5"x591", 1 roll	1317	\$739		
Phadebas® Honey Diastase Test 50	1x50 tablets	1321	\$129		
Phadebas® Honey Diastase Test 500	5x100 tablets	1322	\$934		
Total order value excl shipping, insurance and handling					

Parent Company:
 Magle Life Sciences
 Magle Stora Kyrkogata 6
 223 50 Lund, Sweden

Phone: +46 46 157 708
 Fax: +46 46 157 716
 info@magle.se

Magle, Inc:
 155 Brookline Street #5
 Cambridge, MA 02139
 USA

Phone: (617) 945 0118
 Fax: (312) 276 8114
 ug@phadebas.com

In the below table (bottom part), fill out the address where you wish us to deliver your order. If the invoicing address differs from the delivery address, please fill out the top part of the table also. If you are a registered customer with Magle, and you wrote your customer# above, it is not necessary to fill out 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

- Shipment by FedEx Ground, 2 days after registered order
- A \$15 fee for shipping, handling and insurance is added to your order (\$25 for Canada and overnight shipments)
- Payment by Invoice, net 30 days, or you may call us for credit card payment at (617) 945 0118
- Payment details, e.g., on where to send checks, are on the Invoice

Date and name:	
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**Please save and e-mail this form to ug@phadebas.com or fax to (312) 276 8114
Thank you for the order – You will receive a confirmation by e-mail**

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Magle Stora Kyrkogata 6
223 50 Lund, Sweden

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