

Customer Number*:

PHADEBAS® ORDER FORM (USA/CANADA)

Please fill out all applicable yellow fields

*If you do not have a 4 digit customer number, please enter detailed address information below.				
Company Name:				
(Purchase Order no):				
E-mail:				
Phone:				

Please tick (X) your 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	\$157		
Phadebas® Amylase Test 500	5x100 tablets	1302	\$1086		
Phadebas® Forensic A4	11.8" x 7.7", 12 pcs	1314	\$164		
Phadebas® Forensic A3S	15.5" x 11.8", 25 pcs	1315	\$610		
Phadebas® Forensic CR	15.5" x 591", 1 roll	1317	\$906		
Phadebas [®] Honey Diastase Test 50	1x50 tablets	1321	\$167		
Phadebas® Honey Diastase Test 500	5x100 tablets	1322	\$1096		
Total order value excl shipping, insurance and handling					

Phadebas AB Tel +46 44 75 100 info@phadebas.com
Fjälkestadsvägen 334 www.phadebas.com
291 94 Kristianstad, Sweden

Phadebas Inc.

 155 Brookline Street #5
 Phone: (617)945 0118

 Cambridge, MA 02139
 Fax: (312) 276 8114

 USA
 ug@phadebas.com

In the table below (bottom part), fill in the delivery address. If the invoicing address differs from the delivery address, please fill out the top part of the table as well. If you are a registered customer with Phadebas Inc, 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:

- Shipment by FedEx Ground, 2 days after registered order.
- A \$30 fee for shipping, handling and insurance is added to your order. (\$40 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:	

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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