

# Printable Fax Form

• **INNOVEX CUSTOMER ORDER FORM**

Full Name   _____	Date   ____ / ____ / ____
Company Name   _____	P.O.#   _____
Credit Card Number   _____	Exp. Date   _____
Lab User Name (if known)   _____	E-mail (required)   _____
Phone   _____	Fax   _____

• **SHIP TO ADDRESS**

Company Name   _____	Building/Room number   _____
Attention To   _____	Department   _____
Street Address   _____	
City   _____	State   _____
	Zip   _____

> **International Customers:** Please provide your DHL or FedEx account number. If you do not include an account number, freight charges will be pre-paid and added to the invoice.

DHL   
  FedEx   
  UPS   
 Account Number | \_\_\_\_\_

• **BILL TO ADDRESS**

Company Name   _____	Building/Room number   _____
Attention To   _____	Department   _____
Street Address   _____	
City   _____	State   _____
	Zip   _____

**Enter items to be ordered. If you do not know the product number; Submit the product name and description and we will email you a confirmation with your order details.**

Product #	Description	Qty	Price \$
Total :			