



ALSTEM, LLC

2600 Hilltop Drive, Building B Suite C328

Richmond, CA 94806

Tel: (510) 708-0096 Fax: (866) 605-8766

Purchase Order Form

(Please fill in the form and Fax it to (866) 605-8766 or email it to order@alstembio.com.)

Purchase Order Information:

Contact Name:	Tel:	Fax:	Email:
Institution Name:		Purchase order#:	
Billing Address 1:			
Billing Address 2:			
City:	State:	Zip:	Country:

Credit Card Information: (optional)

Card Type (Please mark with X): 1. Visa _____ 2. Master: _____ 3. American Express: _____

Name on Card:	Card Number:	Expiration Date: /M /Y	
Address 1:			
Address 2:			
City:	State:	Zip:	Country:
Signature:	Date:	Tel:	

Shipping Information:

Attention Name:	Tel:	Fax:	Email:
Shipping Address 1:			
Shipping Address 2:			
City:	State:	Zip:	Country:

Ship via (Please Mark With X): 1. Ground _____ 2. Two days _____ 3. Overnight _____

Product Ordering

Catalogue Number	Description	Unit	Unit Price (US \$)	Quantity	Extended Price (US \$)

Note: Taxes and shipping and handling will be added to the final cost.

Principal Investigator/Scientist Approval _____