



LabGadget

FAX Order Form

To place an order, please fill out the form below and FAX to 1-630-889-9772

Customer Details

Company: _____

Attention: _____

Address: _____

City: _____ State/Province: _____ Zip/Post Code: _____

Country: _____ Phone/FAX: _____

E-Mail: _____

Bill To (if different from above): _____

Address: _____

City: _____ State/Province: _____ Zip/Post Code: _____

Country: _____

Purchase Details

Purchase Order number: _____

Product Code: LG- _____

Number of packs: _____

Cost, US\$* Total: _____

*Plus Postage, Handling and Taxes where required.

Special Delivery Instructions: _____

How did you hear about us?: _____

Prices subject to change without notice.
Order subject to approval at Illinois office.

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U.S.A.

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