

# Biotaq Inc. Order Form

Please PRINT this form, fill in your order & FAX to 301-983-6524 or EMAIL attachment to support@biotaq.com

202-840-4392

Quantity:	Cat #:	Product Name:	Price:
<b>Subtotal:</b>			
<b>Shipping:</b>			\$35 for Domestic \$65 for International
<b>Total:</b>			

**Shipping Address**

<b>Name:</b>		
<b>Address (Line 1):</b>		
<b>(Line 2):</b>		
<b>City:</b>	<b>State:</b>	<b>Phone:</b>
<b>Zip/Postal Code:</b>	<b>Country:</b>	
<b>E-Mail:</b>		

**Method of Payment (Circle One):**     **Check**     **Credit Card** (see below)     **Other:** \_\_\_\_\_

**Billing Address (If different from shipping address)**

<b>Name:</b>		
<b>Address (Line 1):</b>		
<b>(Line 2):</b>		
<b>City:</b>	<b>State:</b>	<b>Phone:</b>
<b>Zip/Postal Code:</b>	<b>Country:</b>	
<b>E-Mail:</b>		

**Credit Card Information**

<b>Type (Circle One):</b>	<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>Amex</b>	<input type="checkbox"/> <b>Mastercard</b>	<input type="checkbox"/> <b>Discover</b>
<b>Name on Credit Card:</b>	_____			
<b>Credit Card Address:</b>	_____			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		
_____	_____	_____		
<b>Card Number:</b>	_____			
<b>Expiration Date:</b>	____/____	<b>Card ID Number (on back of card, 3 digits):</b>		
_____	_____	_____		
<b>Signature:</b>	_____		<b>PO #:</b>	_____

**Additional Notes:**

Please note this form only creates a quotation for BIOTAQ Products. This quote will not be treated as an order until payment is received by BIOTAQ INC.