

Order Form

Date: ___/___/___

Phone: _____

Fax: _____

Contact Name: _____

P.O.#: _____

Bill to:

Ship to (If different):

Quantity

Item Number

Description

Thank you for your order!

Method of Payment:

Credit Card: Please call with details

Conventional Billing: Net 30 Days

Shipping Instructions:

Exeter Scientific - 567 Hopkins Mill Rd. Quarryville, PA 17566

Phone: 717-786-0100 Fax: 717-786-0101