



Product Order Form

ImmunoPrecise Antibodies Ltd.

<p><i>For IPA use only:</i></p> <p>Date:</p> <p>Purchase Order#:</p> <p>Authorization#:</p>	<p>Fax or mail back to:</p> <p>ImmunoPrecise Antibodies Ltd. #3204 - 4464 Markham St. Victoria BC Canada, V8Z 7X8 Phone: 250-483-0308 Fax: 250-483-0309 Email: info@immuno-precise.com</p>
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Shipping Address:		Billing Address (if different):	
Name:		Name:	
Institute/Company:		Institute/Company:	
Address:		Address:	
City:	State/Province:	City:	State/Province:
Zip:	Country:	Zip:	Country:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

Product Information				
Cat #	Description	Size	Amount / #	Price (\$US)
Subtotal				
Sales Tax (Subtotal x 7%) (Canadian Residents Only)				
Shipping Cost				\$ 45
Handling				\$ 30
Total (subtotal + Tax + Shipping/Handling)				

Credit Card Information	
Account Type:	IPA accepts only VISA
Visa Card #	
Print Name	
Signature of Card Holder	
I authorize IPA to charge my credit card a total of:	

Other Notes