

## **Reference Standards Quotation / Order Form**

Please complete this page and send it back to us either per fax or mail.

| To: Lipomed                              | From:                             |  |
|--|-----------------------------------|--|
| Fax France: +33 (0)3 88 04 82 90         | Company:                          |  |
| Fax Germany: +49 (0)281 9887 199         |                                   |  |
| Fax USA: +1 617 577 1776                 |                                   |  |
| Fax other countries: +44 (0)20 8943 7554 | Date:                             |  |
| E-mail: Lipomed.AMER@lgcgroup.com        | N° of pages (including this one): |  |
|  |                                   |  |

## **Invoicing Address** Shipping Address (if different from invoicing address) Company Name: Company Name: Department: Department: Contact Person: Attention of: Address: Address: City, ZIP: City, ZIP: Country: Country: Phone: Phone: Fax: Fax: E-mail: E-mail:

□ Quotation □ Purchase Order N°:\_\_\_\_\_ Customer Account N°:\_\_\_\_\_

| Product code | Product name | Unit size | Quantity |
|--------------|--------------|-----------|----------|
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In case a permit is needed please attach **original** permit along with your order and send it to Lipomed per mail.

Reference Standards orders are subject to Lipomed's Standard Terms and Conditions of Sale.