



SHIP TO (No P.O. Boxes, please)

Name

Company

Address

City/State/Province

Zip/Postal Code/Country

Product Catalog Number	Qty	Price per Item	Total

Subtotal \$

Add shipping and handling charges \$

GRAND TOTAL \$

PAYMENT

Charge \$ _____ to my:
(AMOUNT)

Visa Master Card AmEx

Card #

Exp. Date

Cardholder's Name (please print)

Enclosed is my check payable to Genetic ID

Purchase Order enclosed
(In company letterhead, minimum \$170 order; first time orders must be pre-paid)

Wire Transfer
Email orders@fastidkit.com

BILL TO: Please provide billing address if **different** from shipping address

Name

Company

Address

City/State/Province

Zip/Postal Code/Country

* All orders are shipped via UPS unless otherwise requested

Website

Address

E-mail

Phone

Fax