FASTER BETTER™
MEDIA LLC

LITHIA ORDER FORM (USA/Canada orders)

Quantity	Cat. #	Item Description	Price	Total
	A100	**Tap-Out™ low-EEO agarose, 100g. Each**	$180.00	
	LB10-1	**10X LB® conductive medium, 1 liter bottle & sample 5X LB loading medium. Each**	$76.28	
	LB10-4	**10X LB conductive medium, 4 liter cube & 4 samples 5X LB loading medium. Each**	$215.66	
	LB20-1	**20X LB conductive medium, 1 liter bottle & sample 5X LB loading medium. Each**	$121.83	
	LB20-4	**20X LB conductive medium, 4 liter cube & 4 samples 5X LB loading medium. Each**	$355.71	
	LB20-10	**20X LB conductive medium, 10 liter cube & 4 samples 5X LB loading medium. Each**	$664.75	
	LB20-20	**20X LB conductive medium, 20 liter cube & 4 samples 5X LB loading medium. Each**	$1191.35	
	LB5N-8	**5X LB sample-loading medium for LB and precast gels. Pack of 1.2 ml x 8 tubes**	$72.45	
	LA20-4	**20X LA conductive medium, 4 liter cube & samples 5X LA loading medium. Each**	$196.96	
	LA5N-8	**5X LA sample-loading medium. Pack of 1.2 ml x 8 tubes**	$72.45	
			Subtotal	

Sales tax (Maryland buyers only - 6%) and freight charges (ground) will be added at time of invoice.
Tax exempt status for Maryland non-profits/government agencies is declared using the separate one-time form.
For Canada, any duty/tax will be billed separately to you by the courier.

SHIP TO *(Please print)*

Attn: _____

Institution/Company: _____ Department: _____

Room/Building: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _ _ _ - _ _ _ - _ _ _ _ Email: _____

ORDERED BY *(Please print)*

(Check one) _ Same as above
_ Different: Name: _____ Department: _____

Phone: _ _ _ - _ _ _ - _ _ _ _ Email: _____

BILL TO *(Please print)*

Payment by *(check one)* **Institutional Purchase Order** ☐ **Credit Card** ☐

Purchase Order No. _____

Invoice address (for billing the institution's payment department) Name/Dept: _____

Institution/Company: _____ Room/Bldg: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _ _ _ - _ _ _ - _ _ _ _ Email: _____

We accept the following Credit Cards *(Check One)*

__ VISA Name on card: _____

__ Mastercard Address: _____

City: _____ State: ____ ZIP: _____

Card Account Number: Security # *(3-digits, on back)»* __ __ __ Expiration (MM/YY):

																	/	

FAX ORDER TO: 1-443-705-0265