

LITHIA ORDER FORM (USA/Canada orders)

Quantity	Cat. #	Item Description	Price	Total
	A100	Tap-Out™ low-EEO agarose, 100g. Each	\$110.00	
	LB10-1	10X LB® conductive medium, 1 liter bottle & sample 5X LB loading medium. Each	\$30.28	
	LB10-4	10X LB conductive medium, 4 liter cube & 4 samples 5X LB loading medium. Each	\$85.60	
	LB20-1	20X LB conductive medium, 1 liter bottle & sample 5X LB loading medium. Each	\$48.36	
	LB20-4	20X LB conductive medium, 4 liter cube & 4 samples 5X LB loading medium. Each	\$141.18	
	LB20-10	20X LB conductive medium, 10 liter cube & 4 samples 5X LB loading medium. Each	\$263.85	
	LB20-20	20X LB conductive medium, 20 liter cube & 4 samples 5X LB loading medium. Each	\$472.88	
	LB5N-8	5X LB sample-loading medium for LB and precast gels. Pack of 1.2 ml x 8 tubes	\$28.77	
	LA20-4	20X LA conductive medium, 4 liter cube & samples 5X LA loading medium. Each	\$122.60	
	LA5N-8	5X LA sample-loading medium. Pack of 1.2 ml x 8 tubes	\$28.77	
<small>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.</small>			Subtotal	

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): _____

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