ORDER FORM

Phone: 574-287-6910
Fax: 574-287-7165

OMICRON BIOCHEMICALS, INC.

115 South Hill Street
South Bend, IN 46617-2701 USA

Contact Name: _____

Company: _____

Email: _____

Shipping Address:

_____

_____

_____

_____

_____

Date: _____

Phone: _____

Fax: _____

Billing Address (N/A for credit cards):

_____

_____

_____

_____

_____

FedEx Account Number: _____
If not provided, shipping and insurance fees will be added to the product invoice.

USA orders please indicate one or two day shipping preference: _____

Payment Options:
Please enter Purchase Order Number or Credit Card Information.

Purchase Order: _____

☐ Visa ☐ Mastercard

Card Number: _____

Exp. Date:_____

Security Code (last 3 digits on card back): _____

Name on Card: _____

Address to which card statement is mailed:

_____

_____

Catalog Number	Compound Name	Unit Size	Unit Price *	Qty	Total Price

* Shipping, insurance, import duties/taxes, and export fees are not included in our listed prices. These will be determined and added when your order is shipped. We will only ship international orders Free on Board (FOB).

If you have specific packaging or testing requirements, you may provide them here.
Additional charges may be applied.