

Fax/Mail Order Form

Print and complete this form, mail at the above address or fax to **(858) 457-3485**

Contacts

Biomyx Technology
Fax:(858) 457-3485
Attn:Customer Services

Date:
Sender:
Phone:
Fax:
Organization:

Payment Information

PO or Check Number
Card Type:
Exp. Date:

Holder's Name:
Card Number: _____



VISA



MSTR



AMEX



JCB

Shipping Information

Street Address:
City:
State/Zip Code:
Contact Name:
Day Phone: (____) _____
Email: (optional)

Billing Address (if different from above)

Street Address:
City:
State/Zip Code:
Contact Name:
Day Phone: (____) _____
Street Address:



10054 Mesa Ridge Court Suite 112
 San Diego, CA 92121
 Phone: (858) 457-3658
www.biomyx.net Email: Orders@biomyx.net

Products Ordering

Catalog Number	Description	Qty	Price Each
		Total	\$

Please review your order prior to faxing to insure the accuracy of the information you have provided.

Upon receipt of your completed fax order form, we will contact you either at the day time phone number or the email address given above to:

1. Confirm your order and advise you of product availability;
2. Answer any questions you may have;
3. Arrange for payment and shipment of your order;
4. Fax orders must be signed by a person authorized to make such requisitions, either individually or acting on behalf of a company or organization.

If you are interested in obtaining a quote or other information, please enter your request here:

Authorized By (print):
 (Signature)

Date:

This fax communication is intended only for the use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original to us by mail. Thank you.