

3303 Monte Villa Parkway, Suite 310
 Bothell, WA 98021
 Fed Tax ID #92-3076866

BioLife Solutions, Inc.
CUSTOMER ORDER FORM

To Place Orders by phone, Call:
 (425) 402.1400
 Mon-Fri 9am -5pm PST

Fax Orders To: (425) 402.1433
 Order Date: _____
 Date Product needed by: _____

BioLife Office Use Only	
Order #:	_____
Invoice #:	_____

SHIPPING INFORMATION:	
Name:	_____
Company:	_____
Department:	_____
Address:	_____
City:	_____
State/Country:	_____
Zip/Postal Code:	_____
Phone #:	_____
Fax #:	_____
E-mail:	_____

BILLING INFORMATION:	
Customer Account #:	_____
Company:	_____
Attention To:	_____
Department:	_____
Address:	_____
City:	_____
State/Country:	_____
Zip/Postal Code:	_____
Phone #:	_____
Fax #:	_____
<input type="checkbox"/>	Same as Ship To Address

Select Order Confirmation Method	
<input type="checkbox"/> Phone:	_____
<input type="checkbox"/> Fax:	_____
<input type="checkbox"/> E-mail:	_____

Select Method of Payment	
<input type="checkbox"/> Wire transfer	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Purchase Order	_____
Purchase Order #:	_____
Purchasing Agent:	_____
Purchasing Phone #:	_____

Please call (425) 402.1400 to speak to a service representative for current product pricing.

Catalog #	Product Description	Unit Size	Quantity	Unit Cost \$	Total Cost \$

Preferred Shipping Method	
<input type="checkbox"/>	Overnight Afternoon delivery (3:00pm)
<input type="checkbox"/>	Overnight Morning delivery (10:30am)
<input type="checkbox"/>	Overnight Early Morning delivery (8:30am)
<input type="checkbox"/>	International Priority Overnight (~2 days)

Product Subtotal \$	_____
Shipping & Handling \$	_____
<input type="checkbox"/> Tax Exempt	Sales Tax \$ _____
Grand Total \$	_____

Shipping Payment: Bill Customer Customer/Third Part Carrier & Acct # _____

Notes or Requests: _____

Certificates of Analysis
 MSDS

Credit Card Payment Information	
Type of Card:	_____
Credit Card #:	_____
Expiration Date:	_____
Name on Card:	_____