



BSE Order Form

Name:	Order Number:			
Company:	Job Title:			
Accounts Contact:	Product:	Code:	Case Size:	Case Qty:
Accounts Contact Telephone:	Bioshield TR (80)	BSE019	1	<input type="checkbox"/>
Billing Address:	Bioshield SR (40)	BSE052	1	<input type="checkbox"/>
	Bioshield SR (20)	BSE050	1	<input type="checkbox"/>
Delivery Address:	Bioshield SR (40)	BSE041	1	<input type="checkbox"/>
	Bioshield 6	BSE051	1	<input type="checkbox"/>
	Pathopak 1L	PP001	20	<input type="checkbox"/>
	Bio-Bottle 2L	BB002	12	<input type="checkbox"/>
	Bio-Bottle 3L	BB003	12	<input type="checkbox"/>
	Pathopak P4	PA002	25	<input type="checkbox"/>
	Primary Container 100ml	PP007	250	<input type="checkbox"/>
	Sample Removal Spoon - Curved	SP001	1000	<input type="checkbox"/>
	Sample Removal Spoon - Straight	SP008	1000	<input type="checkbox"/>
	Telephone:	Forcep	SP005	500
Fax:	Techni-ice	BSE014	10	<input type="checkbox"/>
E-mail Address:				
Date:	Authorised Signature:			

Please fax this order form to DGP UK Ltd. on **01904 607391**.

Please note carriage will be invoiced as an additional charge.

By completing this order form you accept our payment terms & conditions, including a 30 day payment period from date of invoice.