

OAT-CHEK, RICE-CHEK& WHEAT-CHEK ORDER FORM

Date of Order: _____ Order Submitted By: _____

OAT-CHEK 1 (Lipase Detection)

_____ Complete Kit _____ Replacement Kit (reagents only)

OAT-CHEK 2 (Peroxidase Detection)

_____ Complete Kit _____ Replacement Kit (reagents only)

Rice-Chek 1 _____ Complete Kit _____ Replacement Kit (reagents only)

Rice-Chek 2 _____ Complete Kit _____ Replacement Kit (reagents only)

Wheat-Chek _____ Complete Kit _____ Replacement Kit (Reagents only)

Ship To:

Company Name: _____
Attention: _____
Street Address*: _____
City: _____
State: _____
Zip Code: _____
Country: _____
Telephone: _____

Additional Notes _____

**All street Addresses must be a physical address (NO P.O. Boxes)*

Invoice To:

PO # _____

Company Name: _____
Attention: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Country: _____
Telephone: _____
Fax: _____
Email Address: _____

Credit Card #: _____ Exp.Date: _____
Sec.Code: _____

Name on Card: _____
CC Billing Address
(Street, City, Zip): _____

Keep credit card information on file. YES NO

All orders are shipped UPS Next Day Air unless otherwise specified at time of order.

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