

## Reference Standards Quotation / Order Form

Please complete this page and send it back to us either per fax or mail.

To: Lipomed	From:
Fax France: +33 (0)3 88 04 82 90	Company:
Fax Germany: +49 (0)281 9887 199	
Fax USA: +1 617 577 1776	
Fax other countries: +44 (0)20 8943 7554	Date:
E-mail: Lipomed.EMEA@lgcgroup.com	N° of pages (including this one):

### Invoicing Address

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Shipping Address (if different from invoicing address)

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Attention of: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

☐ Quotation    ☐ Purchase Order N°: \_\_\_\_\_    Customer Account N°: \_\_\_\_\_

Product code	Product name	Unit size	Quantity

In case a permit is needed please attach **original** permit along with your order and send it to Lipomed per mail.

Reference Standards orders are subject to Lipomed's Standard Terms and Conditions of Sale.