



BACTO LABORATORIES EXPRESS ORDER FORM

e-Catalogue Purchase Order

BILL TO:

SHIP TO: (ADD ANY SPECIAL DELIVERY INSTRUCTIONS HERE)

Purchase Order #: _____ ABN : _____

Date: _____

Contact Name: _____ Contact Ph Number: _____

Ship Via: (tick appropriate box)	Charge:
<input type="checkbox"/> Our Freight Acc: _____ No. _____	<input type="checkbox"/> Our Account ID: _____ (if known)
<input type="checkbox"/> Bacto to ship & charge on invoice	<input type="checkbox"/> Credit Card: _____ exp: _____
<input type="checkbox"/> Call & I will collect: Ph: _____	<input type="checkbox"/> Cheque is attached with order in mail

Code	Unit Size	Description	Qty of Units	Unit Price	Total

Signed: _____

Subtotal	
Shipping	
Add 10% GST	
Total Order \$	

SIMPLY FAX TO 02 9601-8293 or Send to:

**Bacto Laboratories Pty Ltd
310-312 Elizabeth Dr, (PO Box 295)
Liverpool, NSW, 2170.**

**Phone: 02 9823-9000
Fax: 02 9601-8293
Email: info@bacto.com.au**