



## 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 3 88 96 50 73	Company:
Fax Germany: +49 7621 1693 474	
Fax USA: +1 617 577 1776	
Fax other countries: +41 61 702 02 20	Date:
E-mail: lipomed@lipomed.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.