



# Laysan Bio Inc.

## ORDER FORM

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

Billing Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Shipping Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

VAT# (for international orders): \_\_\_\_\_

Item Description: \_\_\_\_\_

Quantity: \_\_\_\_\_

Item Description: \_\_\_\_\_

Quantity: \_\_\_\_\_

PO# or Credit Card Info (Visa, MC, or American Express): \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Mailing Address Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code (On back): \_\_\_\_\_

Shipping Instructions (i.e. FedEx Collect#, etc.): \_\_\_\_\_

Coupon Code (if applicable): \_\_\_\_\_

1560 Tower Drive Arab, AL 35016  
Phone: 1-888-8LAYSAN Fax: 256-586-9007