



P.O. Box 183

Jefferson, Arkansas 72079

Tel/Fax: 501-397-2128

Fluoro-Ruby Order Form

1. Please write the quantity of Fluoro-Ruby to be ordered:

_____ 30 mg Product # 1FR \$225.00 USD

2. Address where tracer should be shipped:

Name:	
Institution:	
Department:	
Address:	
City, State, Zip:	
Country:	
Telephone:	
Email Address:	

3. Address where invoice should be shipped/emailed:

Name:	
Institution:	
Department:	
Address:	
City, State, Zip:	
Country:	
Telephone:	
PO # or Credit Card #:	
Credit Card Expiration:	CCV #:
Name on Credit Card:	
Signature:	

Credit Card Holder Email Address (required for ALL credit card orders):

Thank you for your order!

If you have any questions, please email us at histochem@centurytel.net.