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| Doccol Corporation Order Form**Vendor information** that you may need for your accounting:Address: 30 Eisenhower Dr., Sharon, MA 02067-2427, USATelephone: (888) 481-0842; Fax: (888) 893-5285; Email: support@doccol.comEIN: 20-4977780, DUNS: 962-334-723 |
| **Customer information** (please print)**:**Institute:Department:VAT # (for European customers):Tax exemption/reduction eligibility (domestic): Please send additional pages.**Contact Name:****Telephone #: Fax #:****Email :****Full Address:****Order information****Order date: PO number:** **Payment Method** (select one): 1.Credit card; 2. Check/Invoice; 3. Wire transfer; 4. PO Credit Account**Shipping Method** (select one): 1. Federal Express domestic 3d/2d/overnight; 2. Federal Express Intl 5d/3d 3. FedEx Recipient/Third Party Account |
| **Shipping Address** (please print):Attn:Institute:Street Address1:Street Address2:City: State: Zipcode: Country: | **Billing Address** (please print):Attn:Institute:Street Address1:Street Address2:City: State: Zipcode: Country: |
| Products to be ordered:

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| --- | --- | --- | --- | --- | --- |
| Items | Quantity | Catalog # | Brief Description | Unit price | Extension |
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| Subtotal: |  |
| Estimated Shipping Cost: |  |
| Projected Intermediary Bank Charge(only applies to international wire transfer): | $30.00 |
| **Total:** |  |

Comments: |

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