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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, USA  Telephone: (888) 481-0842; Fax: (888) 893-5285; Email: support@doccol.com  EIN: 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:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Items | Quantity | Catalog # | Brief Description | Unit price | Extension | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Subtotal: | | | | |  | | Estimated Shipping Cost: | | | | |  | | Projected Intermediary Bank Charge(only applies to international wire transfer): | | | | | $30.00 | | **Total:** | | | | |  |   Comments: | | |