

REQUEST FORM

1. Items of interest

Pos.	Art. No.	Product Name	Amount	Unit	Single Price	Sum
1						
2						
3						
4						

2. You are already a customer of Lophius Biosciences

Customer No.: _____

3. New Customer

Title _____

Name* _____

Company* _____

Department _____

Street* _____

Post-/Zipcode* _____

Town* _____

State _____

Country* _____

Phone* _____

Fax _____

Email* _____

How did you hear about us? _____

Delivery address (if this one deviates from the billing address):

Title _____

Name* _____

Company* _____

Department _____

Street* _____

Post-/Zipcode* _____
Town* _____
State _____
Country* _____

4. Additional Comments

Please note that the prices of our products on our homepage do not include shipping and freight costs, charges, taxes or customs duties.

You agree to our general terms and conditions, which can be found here www.Lophius.com

_____ the _____
Town Date Signature