

(Please print this Order Form, fill and **mail or fax** with your payment instructions.)

Order Form

Genome Data Systems, Inc.

127 US Highway 206, Suite 29
Hamilton, NJ 08610
Fax: 609-581-6863

Date <small>mm/dd/yy</small>	P.O. Number

Billing Address	
Name	
Address 1	
Address 2	
City, State, Zip	
Country	
Telephone	

Shipping Address	
Name	
Address 1	
Address 2	
City, State, Zip	
Country	
Telephone	

Item No.	Quantity	Item Description	Unit Price	Item Total
Mail Orders To: Genome Data Systems, Inc. 127 US Highway 206, Suite 29 Hamilton, NJ 08610-4300 You can also fax your orders. Fax No.: 609-581-6863			Subtotal	
			NJ Residents Add 6% sales tax	
			S & H (within US)	\$12.00
			Total	

Please choose payment method below, unless paying by P.O. (Enter P.O. number above):

Check (payable To Genome Data Systems, Inc)

Credit Card (check card type)

Visa MasterCard

Card No. _____ Exp. _____

Signature (required) _____

Notes:

1. **Shipping method:** The orders will be shipped USPS Priority Mail. Please call us for outside US shipping.
2. Please remember to fill in the quantity of each item.