

**OnSite Covid-19 lgG/lgM Rapid Test Order Form**

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**Customer Purchase Order Number**

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**Order Date**

**Bill To: Ship To:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company  Name |  |  | Company  Name |  |
| Address |  |  | Address |  |
| City |  |  | City |  |
| Postcode Locator |  |  | Postcode Locator |  |
| Country |  |  | Country |  |
| Attention |  |  | Attention |  |
| Email |  |  | Email |  |
| Contact  Number |  |  | Contact  Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity  in units |  | | |
| Price  per unit |  | Total GPB  Amount |  |

|  |  |
| --- | --- |
| Payment  Terms & Delivery | 50% on Order and 50% on Factory Departure, Shipping ex Works |

By signing this Order Form you are confirming that you are authorised to make the above order and have read and agree to Avonchem Diagnostics Limited Terms & Conditions.

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|  |

**Signed**

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|  |

**Name**