



WORK ORDER FORM

Please Ship Samples To:
 AML Laboratories, Inc.
 4405 Sartillo Road
 St. Augustine, Florida 32095
 Tele: (904) 484-7552 / Fax: (877) 219-5184

Customer and Shipping Information

Name of Institution: _____

Name of Principal Investigator: _____

Name of Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Accounts Payable Billing Address

Name of Institution: _____

To the Attention of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Payment Method

Please Note: A 2.5% fee will be added to credit card payments.

Purchase Order: _____

Credit Card #: _____ Expiration: _____ CVC: _____

Authorized Signer's Signature: _____

Return Shipping Information: UPS DHL FedEx Other: _____

Account Number: _____

Ship Via: Overnight 2-Day 3-Day/Economy

Shipping Insurance: Yes No Indicate Value Amount For Insurance Purposes \$ _____

Authorized by: _____ Date: _____

Please Note: AML Labs is not responsible for carrier damage, errors and/or non-deliveries.

Please List All Samples

(Use additional page if needed)

- | | |
|-----------|-----------|
| 1. _____ | 31. _____ |
| 2. _____ | 32. _____ |
| 3. _____ | 33. _____ |
| 4. _____ | 34. _____ |
| 5. _____ | 35. _____ |
| 6. _____ | 36. _____ |
| 7. _____ | 37. _____ |
| 8. _____ | 38. _____ |
| 9. _____ | 39. _____ |
| 10. _____ | 40. _____ |
| 11. _____ | 41. _____ |
| 12. _____ | 42. _____ |
| 13. _____ | 43. _____ |
| 14. _____ | 44. _____ |
| 15. _____ | 45. _____ |
| 16. _____ | 46. _____ |
| 17. _____ | 47. _____ |
| 18. _____ | 48. _____ |
| 19. _____ | 49. _____ |
| 20. _____ | 50. _____ |
| 21. _____ | 51. _____ |
| 22. _____ | 52. _____ |
| 23. _____ | 53. _____ |
| 24. _____ | 54. _____ |
| 25. _____ | 55. _____ |
| 26. _____ | 56. _____ |
| 27. _____ | 57. _____ |
| 28. _____ | 58. _____ |
| 29. _____ | 59. _____ |
| 30. _____ | 60. _____ |