

Note: This form can be filled out by using Adobe Acrobat program. Please fill out the contact information, the quantity and price of the desired product; the built-in calculator allows the user to see the subtotal cost at the end. If you prefer to hand write the form, please select the hand written form. Price should be provided by authorized sales representative.

FROM / BILL TO	
Company	
Name	
Address	
Address	
Phone	

PURCHASE ORDER	
Date	
P.O. #	
Sales Rep	

VENDOR
AGRIVANCE, LLC
925 S Atlantic Blvd., 206B
Monterey Park CA 91754
sales@agrivance.com

SHIP TO (Leave it blank if same as "FROM")	
Company	
Name	
Address	
Address	
Phone	

REQUISITIONER	SHIP VIA	F.O.B.	SHIPPING TERMS	
ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
SGTi-flex COVID-19 IgM/IgG	Antiboy Test Kit - Sugentech (25 Test / Kit)			
Allplex 2019-nCoV Assay	RT PCR Test Kit - SeeGene (124 Test / Kit)			
Other Comments or Special Instructions		SUB TOTAL		
		TAX RATE (9.5%)		
		TAX		
		SHIPPING		
		OTHER		
		TOTAL		

Authorized by _____

Date _____

This submit button is optimized for the Microsoft Outlook. If you do are not using Microsoft Outlook, do not use the submit button and please save the file and send it as attachedment via your email service to sales@agrivance.com.

This is a reset button to clear the form. Do not click this button unless you wish to clear the form.