



P.O. Box 183

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## Euro-Glo Order Form

### 1. Write the quantity of Euro-Glo to order:

\_\_\_\_\_ 100 mg      Product # 1EUG      \$ 250.00 USD

### 2. Address where tracer should be shipped:

Name:	
Institution:	
Department:	
Address:	
City, State, Zip:	
Country:	
Telephone:	
Email Address:	

### 3. Address where invoice should be shipped/mailed:

Name:			
Institution:			
Department:			
Address:			
City, State, Zip:			
Country:			
Telephone:			
VAT #:			
PO # or Credit Card #:			
Credit Card Expiration:		CCV #:	
Name on Credit Card:			
Signature:			

Credit Card Holder Email Address (required for ALL credit card orders):

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**Thank you for your order!**

If you have any questions, please email us at [histochem@centurytel.net](mailto:histochem@centurytel.net).