

**Fidelity Systems**

**BioTech Services**

Send to:

Fidelity Systems, Inc.  
7961 Cessna Avenue  
Gaithersburg, MD 20879  
Tel: 301-527-0804  
Fax: 301-527-8250

**Order Information**

Cat. No. \_\_\_\_\_  
Item Price (US\$) \_\_\_\_\_  
Quantity \_\_\_\_\_  
Shipping (FedEx Overnight US - \$35, International - \$70) \_\_\_\_\_  
Total amount (US\$) \_\_\_\_\_  
P.O. Number (optional) \_\_\_\_\_

**Payment Method - Credit Card or Debit Card**

Visa  Master Card  American Express  
Name \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Card code (3-digit number on the back of the card) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Shipping Information**

Attention \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

I, \_\_\_\_\_, authorize Fidelity Systems, Inc. to charge my credit card based on the information I have provided on this form.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_