

New Lab Start-Up 2017 Customer Product Redemption Form

Please follow the instructions below when requesting complimentary products.

Complete one form for each offer. Your Fisher Scientific Proof-of-Purchase (Purchase Order, packing slip or invoice) should be on this form and be faxed or emailed.

Fax: 412-249-5010

Email: tracy.a.zassick@thermofisher.com

ACCOUNT INFORMATION

Name

Institution

Account Number

Ship-to Address

Room/ Bldg./Dept.

City State Zip Code

Phone Number Fax Number

E-mail Address

PIN Number

Fisher Scientific Sales Representative Name

SUPPLIER INFORMATION*

Company Name

Offer Number

(*) Total for complimentary products requested must not exceed the total for qualifying items. List price must be used when determining the value of the complimentary products.



Fisher Scientific order number _____

Quantity	Catalog Number	List Price	Total
Description			

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Description			

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Description			

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Description			

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