

Please complete this form in its entirety and email it to flubloksales@proteinsciences.com or fax it to 203-886-1208.

Flublok[®] Influenza vaccine

2016-17 Order Form

Please provide at least one of the following:

DEA #:

HIN #:

Pharmacy Licence #:

Date:

P.O. #

Bill To

Ship To

Contact name:
Phone Number:
Email address:

Qty	NDC #	Description	Unit Price	Line Total
	42874-016-10	Flublok Influenza Vaccine (RIV3) 0.5ml 10 single dose vials	\$350.00	
			Subtotal	
			Federal Excise Tax	\$7.50 per unit
			Total	

Terms

Net 30 days after shipment, in U.S. dollars. Payment may be made by check, wire transfer, or credit card. Visa and MasterCard only. Payment address: Protein Sciences, c/o People's United Bank, P.O. Box 14, Brattleboro, VT 05320-0014.

Conditions

Customer represents warrants and agrees that Customer is purchasing products from Protein Sciences Corporation for its own use and use by its affiliated healthcare providers in delivering services to patients and not for resale. Customer acknowledges that Protein Sciences Corporation is relying on this representation in making its decision to sell products to Customer.

Return Policy

Customers must obtain a return goods authorization (RGA form) and approval from Protein Sciences Corporation before returns will be accepted and any credits issued. To check return eligibility, or if you have questions regarding return policies and procedures, contact us at flubloksales@proteinsciences.com.



Protein Sciences
CORPORATION

1000 Research Parkway Meriden, CT 06450 | 203-686-0800 | (f) 203-886-1208
flubloksales@proteinsciences.com