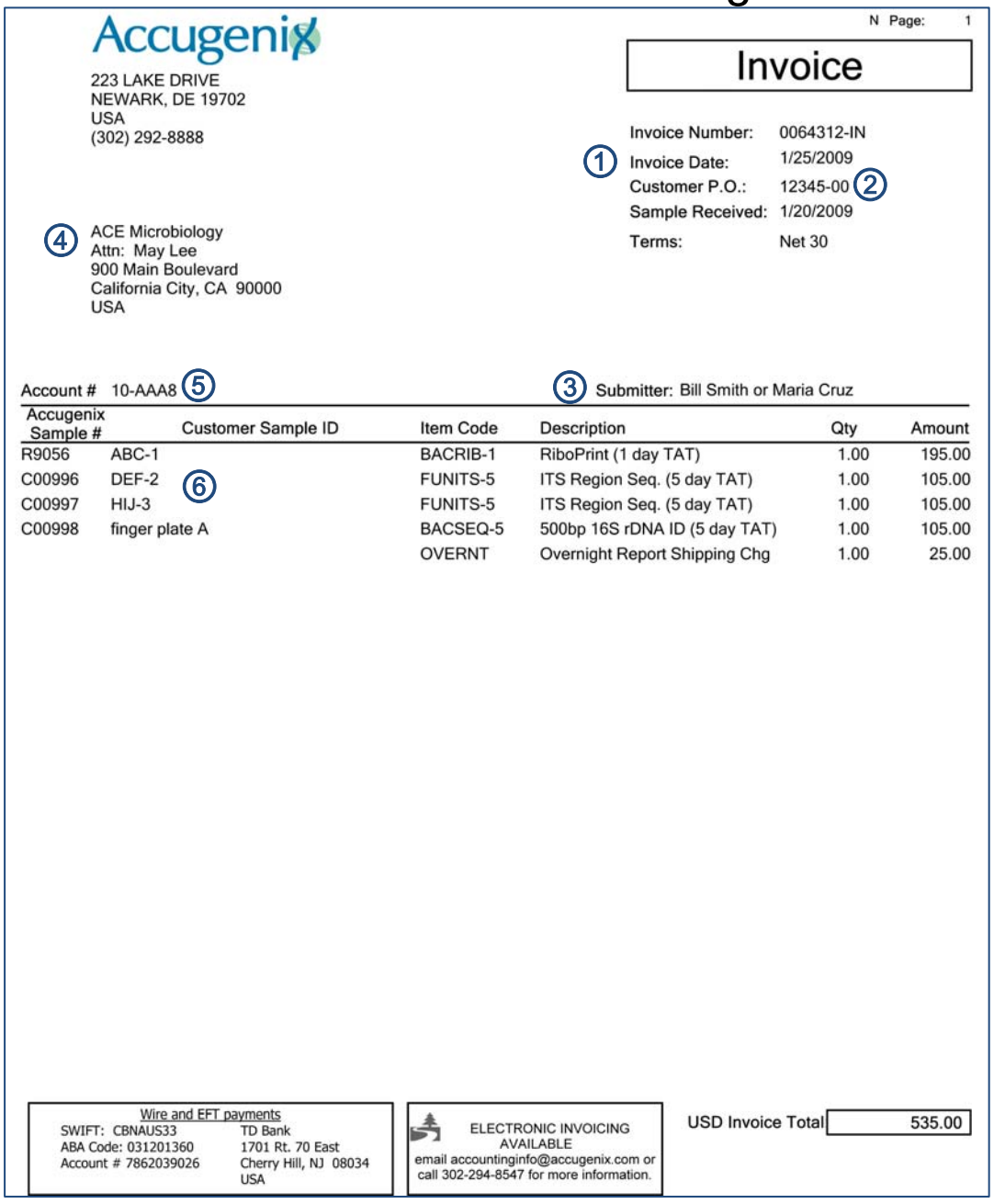
Accugenix Invoice Guide



Accugenix

223 LAKE DRIVE
NEWARK, DE 19702
USA
(302) 292-8888

N Page: 1

Invoice

Invoice Number: 0064312-IN
(1) Invoice Date: 1/25/2009
Customer P.O.: 12345-00 (2)
Sample Received: 1/20/2009
Terms: Net 30

(4) ACE Microbiology
Attn: May Lee
900 Main Boulevard
California City, CA 90000
USA

Account # 10-AAA8 (5)

(3) Submitter: Bill Smith or Maria Cruz

Accugenix Sample #	Customer Sample ID	Item Code	Description	Qty	Amount
R9056	ABC-1	BACRIB-1	RiboPrint (1 day TAT)	1.00	195.00
C00996	DEF-2 (6)	FUNITS-5	ITS Region Seq. (5 day TAT)	1.00	105.00
C00997	HIJ-3	FUNITS-5	ITS Region Seq. (5 day TAT)	1.00	105.00
C00998	finger plate A	BACSEQ-5	500bp 16S rDNA ID (5 day TAT)	1.00	105.00
		OVERNT	Overnight Report Shipping Chg	1.00	25.00

Wire and EFT payments
SWIFT: CBNAUS33
ABA Code: 031201360
Account # 7862039026
TD Bank
1701 Rt. 70 East
Cherry Hill, NJ 08034
USA

ELECTRONIC INVOICING AVAILABLE
email accountinginfo@accugenix.com or call 302-294-8547 for more information.

USD Invoice Total 535.00

Important Note!

Customer jobs with multiple turnaround time requests on the Identification Request Form will result in multiple invoices. All samples will be invoiced on their due date.

1. Due date of samples
2. Customer-provided PO number; Credit card payments will appear as “CC”
3. Name of client submitting samples, as indicated on the Identification Request Form
4. Your Company information
5. Your Accugenix Account Number
6. Sample name as provided on the Identification Request Form