



OxisResearch® Products
FAX ORDER FORM

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ORGANIZATION NAME

P.O. #

BUYER NAME

END USER (RESEARCHER) NAME

EMAIL ADDRESS

EMAIL ADDRESS

PHONE

PHONE

FAX

FAX

**** ALL OF THE ABOVE INFORMATION IS REQUIRED ****

CREDIT CARD TYPE
CREDIT CARD No.
CID NUMBER
Exp. DATE
CARD HOLDER NAME
SIGNATURE DATE

BILLING ADDRESS

NAME
ORGANIZATION
ADDRESS 1
ADDRESS 2
ADDRESS 3
CITY
STATE/PROVINCE
COUNTRY
ATTENTION

SHIPPING ADDRESS

NAME
ORGANIZATION
ADDRESS 1
ADDRESS 2
ADDRESS 3
CITY
STATE/PROVINCE
COUNTRY
ATTENTION

QUANTITY	CATALOG NO.	DESCRIPTION

FAX TO (650) 212-2569