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Lamp and bulb enquiry and order form

Please print this page, complete with black ink and email or fax to the address above. We will then contact you with a quote for the items required.

Customer Information

Shipping information if different

Customer Name:	Ship to name:
Department:	Department:
Street:	Street:
City:	City:
County:	County:
Post Code:	Post Code:
Telephone:	Fax:
E Mail:	
Lamp/Bulb Requirements	Please complete as much detail as possible
Microscope Make and Model	
Number required	
Type of lamp e.g. halogen, tungsten, mercury, xenon	
Voltage	
Wattage	
Any additional information:	

