

6 Pack Pipette & Carousel Combo Claim Form

Thank you for purchasing your pipettes with Mediray. Please fill out **all** the fields below and send through to [info@mediray.co.nz](mailto:info@mediray.co.nz) to claim your 6 pack of pipettes and carousel!

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| --- | --- |
| Full Name: |  |
| Email: |  |
| Phone: |  |
|  |  |
| Organisation |  |
|  |  |
| Address: |  |
| City |  |
| Post Code |  |
|  |  |
| Goods supplied |  |
| Goods claimed |  |