



Customer Order Form

Order Number: _____

Customer Information:

Company Name:	
Contact Name:	
Contact Phone (+ country code):	
Contact Email:	

Order Information:

Product Description	Catalog Number	Quantity

Shipping Information:

Desired Customer Receiving Date:	
Shipping Address:	
Customer Shipping Requirements:	

To submit order or request more information:

Mailing Address: Co-Diagnostics, Inc.
585 W. 500 S. Suite 210
Bountiful, UT, 84010
USA

Phone: +1 (801) 438-1036

Email: info@codiagnostics.com

Website: www.codiagnostics.com

FOR INTERNAL USE ONLY

(This section to be completed by Quality Management and Production)

Order Received Date: _____ **Received By (initials):** _____

Order Received From: _____

Acknowledged By (Production Personnel): _____ **Date:** _____

Committed Customer Receiving Date: _____

(Customer commitments are important to Co-Diagnostics, Inc. Do not commit for the product to the received by the customer until you have checked with all departments.)

AMENDMENTS: Document any changes to the above Order (including any revised commitments to the Customer).