

I understand that charges are billed monthly and payable within 30 days of appearing on statements.

Signature\*:

**\*PI or Approved Department/Institute Admin.**

Print Name:

Print Title:

Date:

Account used by (select one):

Individual lab

Dept.

Institute

Company

Account Name:

Billing Attn to (usually AP):

Billing Street Address

City, State, Zip Code

Country:

Billing Email (usually AP):

Billing Phone:

Shipping Email:

Shipping Phone:

Shipping Attn to

Shipping Street Address

City, State, Zip Code,

Country