

Customer Registration Form (CRF)

Organisation Legal Entity Name

Organisation Type: NHS Trust,
University, CCG, Public Health Ltd. etc.

Invoice Address

Post Code

Main Location:
Hospital/Lab/Department

Post Code

Finance Contact name:

Tel:

Fax:

Email address for Invoices and Statements:

Primary Contact name:

Tel:

Fax:

Contact email address:

Do you Require a PO number quoted on Invoices?
YES / NO

If Yes, Please provide PO Number Here:

I confirm that the information provided is correct, that I have read and agree to Oxford Diagnostic Laboratories Terms and Conditions of Service and that I am an authorised signatory of this organisation:

Print Name _____

Date _____

Signature _____

Position in organisation _____

Please Fax Signed form to: 01235 442781 or email to accounts@oxfordimmunotec.com

For Office use only:

Territory Manager:

Entered in LIS by:

LIS Record Checked by:

Account Code:

Entered in Exchequer by:

Exchequer record checked by:

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ODL-UK-CR-MPN001-0002 Version 6	10-Jul-2020
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