

**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](mailto:accounts@oxfordimmunotec.com)**

For Office use only:

<b>Territory Manager:</b>
<b>Entered in LIS by:</b>
<b>Entered in Exchequer by:</b>
<b>Entered in Salesforce by:</b>

<b>Account Code:</b>
<b>LIS Record Checked by:</b>
<b>Exchequer Record Checked by:</b>
<b>Salesforce record checked by:</b>

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