

Customer Registration Form

Organisation Legal Entity Name

Invoice Address	Delivery Address

Finance Contact Person	Delivery Contact Person
Name:	Name:
Tel:	Tel:
Email for Invoices and Statements:	Email for Order Confirmations:

Email address(s) for Sample queries:	
Email address(s) for sample results:	

If you require a PO to be quoted on invoices please provide it 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:_____

Position within organisation:

Signature: _____

Please email signed form to CustomerExperience@oxfordimmunotec.com

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