

Customer Registration Form

Organisation Legal Entity Name

Organisation Type:

Invoice Address

Post Code

Delivery Address:

Post Code

Finance Contact name:

Tel:

Email address for Invoices and Statements:

Primary Contact name for deliveries:

Tel:

Email address for order confirmations:

Do you Require a PO number quoted on Invoices? Yes No

If Yes, Please provide PO Number Here:

Email address for sample queries:

Email address(s) for sample results:

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 email signed form to CustomerExperience@oxfordimmunotec.com

Sales Person:
Entered in LIS by:
Entered in IFS by:
Entered in Salesforce by:
Agreement ID.

Customer ID:
LIS Record Checked by:
Senior Finance Approval:
Salesforce record checked by:

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