

Order Form



Fax to +49 (0)6221 700717

CLS Order No. (cell name)	Designation	Unit Cryovial / culture	Quantity	Unit Price, €	Total, €

<b>Delivery Address</b>		Purchase order no.	
Recipient's Name		Phone	
Company / Institution		FAX	
Address		E-mail	
City		ZIP Postal code	
Country		State / Province	

<b>Invoice Address</b>		CLS Customer Account no.	
Company / Institution			
Address			
City		ZIP Postal code	
Country		State / Province	
VAT number (EU-states)		Tax ID number	
Category of Organisation			

Please enclose all necessary import permits if ordering from outside the EU.

**Please note that all orders are subject to the CLS Terms and Conditions of Supply.**

Please note that that all orders are subject to the Agreement printed below.

**Agreement**

The cell line(s) and any biological material or products derived thereof will be used exclusively for research purposes. The material will not be distributed or released without prior written consent of CLS. Cell lines and biological material are not supposed to be used in humans.

Date:

Signature: