New Customer Form

Shipping Address			Billing Address (if different)		
Company Name			Company Name		
Address			Address		
Country	Zip	City	Country	Zip	City
Phone		Email	Phone		Email
Main Contact (Name, Email, Position)			Main Contact (Name, Email, Position)		

Optional Information

NAICS / Handelsregister / business code

FedEx / UPS number

Please, use the following email addresses for

Order confirmation

Invoices

Shipment tracking

Your type of business: ☐ End user ☐ Dealer ☐ Distributor

Your line of business: ☐ Research ☐ Diagnostics ☐ Biotech ☐ Pharma ☐ Other

Place, date, authorized signature

name in block letters, phone no

function in company / institution

Company stamp