

HARVARD

A P P A R A T U S

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Customer Information Sheet

Please fax completed form to:
508-429-5732
Attn: Accounts Receivable Department

Bill-To Address:

Name Line 1: _____
Name Line 2 _____
Department: _____
Addr. Line 1 _____
Street: _____
Add.Line 2 _____
Bldg & Room: _____
City, State, and _____
Zip: _____
Country: _____
Payable _____
Contact: _____
Telephone: _____
Fax: _____
Email: _____

Ship-To Address:

Name Line 1: _____
Name Line 2 _____
Department: _____
Addr. Line 1 _____
Street: _____
Add.Line 2 _____
Bldg & Room: _____
City, State, and _____
Zip: _____
Country: _____
Purchasing _____
Contact: _____
Telephone: _____
Fax: _____
Email: _____

For Office Use Only:

401 US Academic 500 Internat'l Europe
 402 US Industrial 501 Internat'l Japan
 403 US Pharmaceutical 502 Internat'l ROW
 404 US Biotech 503 Internat'l Canada
 405 US Government
 406 US NIH
 407 US Distributor
 408 US OEM
 409 US Clinical
 410 US Veterinary
 411 US Individual/Misc

Cust. Svc.
Rep: _____

PLEASE ESTIMATE THE AMOUNT TO BE ORDERED DURING THE YEAR: _____

PARTIAL SHIPMENTS ALLOWED?: YES NO

IF YOU ARE TAX EXEMPT, PLEASE FAX A COPY OF YOUR EXEMPTION CERTIFICATE ALONG WITH THIS APPLICATION. THANK YOU.

WE STRIVE TO HAVE AN ANSWER ON THE STATUS OF YOUR NEW ACCOUNT WITHIN ONE DAY. HOWEVER THIS PROCESS CAN TAKE FROM 1 TO 3 DAYS DEPENDING ON THE COOPERATION OF YOUR REFERENCES. IF YOU NEED YOUR ORDER SOONER, YOU HAVE THE OPTION OF PAYING FOR YOUR FIRST ORDER IN ADVANCE, AND FUTURE ORDERS WILL HAVE TERMS BASED ON THE RESULT OF THE REFERENCE PROCESS