

NEW Customer Registration Form (CRF)



Billing Information

Site Information

BLOCK CAPITALS

| | |
|--------------------------------|--|
| Organisation Legal Entity Name | |
|--------------------------------|--|

BLOCK CAPITALS

| | |
|--|--|
| Organisation Type: <i>NHS Trust, University, CCG, Public Health, Ltd etc.</i> | |
|--|--|

| | |
|-----------------|--|
| Invoice Address | |
| Post Code | |

| | |
|---|--|
| Main Location: Hospital/Lab/ Department | |
| Post Code | |

| | |
|---|--|
| Finance Contact | |
| Tel | |
| Fax | |
| Email address for Invoices and Statements | |

| | |
|---------------|--|
| Main Contact | |
| Tel | |
| Fax | |
| Email contact | |

| | |
|--|-------|
| Do you Require a PO number quoted on invoices? | Y / N |
| If Yes, please provide PO Number Here : | |

I confirm that the information provided is correct and 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 Fax Signed form to : 01235 442781 or email to accounts@oxfordimmunotec.com

Office use only:

TM

A/c Code

Entered in LIS by:

Entered in Exchequer by:

LIS checked by:

Exchequer checked by:

Oxford Diagnostic Laboratories is a Trading name of Oxford Immunotec Limited
The Oxford Diagnostic Laboratories logo is a trademark of Oxford Immunotec Ltd. © 2015 Oxford Immunotec Ltd. All rights reserved.