## ORDER FORM

To: Dr. Kazuaki Nakamura, Head, Cell Bank Riken BioResource Research Center		
	ikeli biokes	ource Research Center
RECIPIENT / SHIP TO:	1 0014	
Name:Job Title:		
Telephone Number:		
Department/Division:		
Organization:		
Organization Type (Please check or * Non- Pr		
Address: Country:	EORI Number:(EU and UK)	
PLEASE CHECK ONE		
* <b>Payment:</b> □ Bank Transfer □ Credit Ca	ard Payment	
* Carrier:	), 🗆	World Courier
☐ Others (	ŕ	)
We strongly recommend the transport companies that have no liability for any consequences arising from the		
REQUESTED BIOLOGICAL RESOURCE	-	dure on the side of the RD-11 ID. (1 s count
AES No. Cell Line Name		Qty (Frozen only)
IMPORTANT NOTES		
* Please make MTA (Form C-0007) for each materia	al.	
** If Approver's permission is required, APPROVAL	FORM (Form	-
BILLING ADDRES! (If the billing address is di	ifferent from	the Recipient, Please fill out the below.)
Purchase Order #:	VAT #: If you have)	
	E-mail:	
	Fax Number:	
<del>-</del>		
Department/Division:		
Organization:		
Address: Country: _		
**************************************	h Center, 3-1-1	
Fax: +81-29-836-9130 E-mail: cellbank.brc@riken	ı.jp	

(User No.

) (MTA No.

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