

RIKEN BRC

CELL BANK

(Form C-0047)

ORDER FORM

EBV transformed B cell lines derived from Japanese (HEV)

Date: _____

To: Dr. Kazuaki Nakamura, Head, Cell Bank Riken BioResource Research Center

RECIPIENT/ SHIP TO:

Name: _____ E-mail: _____

Telephone Number: _____ Fax Number: _____

Department/Division: _____

Organization: _____

Organization Type (Please check one) * Non- Profit _____ For-Profit _____

Address: _____ Country: _____ EORI Number: _____
(EU and UK)_____
_____**Payment:** Bank Transfer Credit Card Payment**Carrier:** FedEx (Account No. _____), World Courier Others(_____)

We strongly recommend the transport companies that deal the custom procedure properly. The RIKEN BRC shall have no liability for any consequences arising from the custom procedure on the side of the RECIPIENT's country.

BILLING ADDRESS(If the billing address is different from the Recipient, Please fill out the below.)

(If you have) (Purchase Order # _____) (VAT Number _____)

Name: _____ E-mail: _____

Department/Division: _____

Organization: _____

Address: _____ Country: _____

HEV No.	Qty (Frozen only)

IMPORTANT NOTES

* Please make MTA (Form C-0007 or C0007p) for each material.

Please send to : Cell Bank, RIKEN BioResource Research Center, 3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN ;

Fax : +81-29-836-9130 (Reception Date _____) (Reception No. _____)

(User No. _____) (MTA No. _____)