

ORDER FORM

Date: _____.

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

RECIPIENT

Name: _____ E-mail: _____.

Telephone Number: _____ Fax Number: _____.

Department/Division: _____

Organization: _____

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

Address: _____ Country: _____

PLEASE CHECK ONE

* **Payment:** Bank Transfer Credit Card Payment

* **Carrier:** FedEx (Account No. _____), World Courier, TNT Express,
 DHL Global Forwarding, 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.

REQUESTED BIOLOGICAL RESOURCE

RCB No.	Cell Line Name	Qty (Frozen only)	Restriction

IMPORTANT NOTES

- * Please make **MTA** (Form C-0007 or C0007p) for each material.
- ** If Restriction is marked with b or c, **APPROVAL FORM** (Form C-0006) must be accompanied.

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

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

Name: _____ E-mail: _____.

Telephone Number: _____ Fax Number: _____.

Department/Division: _____

Organization: _____

Address: _____ Country: _____

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. _____)