

RIKEN BRC

CELL BANK

(Form C-0005)

ORDER FORM

Date: _____

To: Dr. Yukio 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 on * 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)

IMPORTANT NOTES

- * Please make MTA (Form C-0007 or Form C-0065) for each material.

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 E-mail : cellbank.brc@riken.jp

(Reception Date) (Reception No.)
 (User No.) (MTA No.)