

International Customer Account Application

Dear Valued Customer,

Thank you for your inquiry or recent order. Before we can process your order, we need some information from you. Please provide us with the requested information detailed below. We would like to obtain all of the information requested, but only the **Bolded Information is required**. Please note that if any bolded information is missing, we will be unable to set up or update your account with IVS. Please state N/A for anything that is Not Applicable.

To avoid any typographical errors in handwriting translation, please type the information into this form.

Please return the **COMPLETED AND SIGNED** form to IVS at your earliest convenience via fax to (858) 224-6601 or email to sales@invivoscribe.com.

Thank you for your business.
 Sincerely,
 Invivoscribe Technologies

Purchaser's Information:

Our purchasing system generates an automated email response following purchase and shipping of each order. By default, we send an order confirmation to the purchaser via email. If you have additional requests or requirements, such as faxed order confirmation, please indicate this in the appropriate section below.

Purchaser's Name	
Purchaser's Phone	
Purchaser's Fax	
Purchaser's Email	
Additional Purchasing Requests or Requirements.	

Billing Information:

Company/Institution	
Department	
Street 1	
Street 2	
City	
State/Region	
Zip Code	
Country	
Contact Person's Name	
Contact Person's Phone	
Contact Person's Fax	
Contact Person's Email	
<input type="checkbox"/> EIN <input type="checkbox"/> VAT <input type="checkbox"/> GST	
Number	
Payment Method	<input type="checkbox"/> Purchase Order <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Other:

Shipping Information:

Company/Institution	
Department	
Street 1	
Street 2	
Internal routing information or other information required on the shipping Air Way Bill, such as the PO number for the order.	
City	
State/Region	
Zip Code	
Country	
Recipient's Name¹	
Recipient's Phone¹	
Recipient's Fax	
Recipient's Email	

Note¹: The recipients name and phone number are required for all international shipments.

Shipping Method:

Please choose one of the 4 shipping options below:

- Option 1 – Shipping and Duties and Taxes: Paid by Customer
- Shipments are sent via FedEx International Priority
 - Shipments are insured for the purchase price
 - Shipping Charges are billed to the Customers FedEx Account Number
 - Shipping Duties and Taxes, if any, are automatically billed to the Customers FedEx Account Number

Customer's FedEx Account Number	
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Notes and Conditions:

- This is the **IVS Recommended Option for International Shipments**
- No Shipping Charges will be billed on the Invoice
- No Duties and Taxes will billed on the Invoice
- A \$20 USD Handling Charge will be billed on the Invoice
- Recommended option for customers using a Customs, Clearance, or Import Broker

- Option 2 – Shipping Charges Paid by IVS, Duties and Taxes Paid by Customer's Broker
- Shipments are sent via FedEx International Priority
 - Shipments are insured for the purchase price, unless otherwise expressed in writing.
 - IVS pays Shipping Charges on behalf of the customer and then passes these costs through to the customer
 - The Broker pays Duties and Taxes, if any, via either their FedEx account. If your broker does not have a valid FedEx account number (9 digits), this option cannot be chosen.

Please provide the following information about the broker:

FedEx Account Number	• Must have a valid 9 digit account number
Broker Tax ID	
Company Name	
Street 1	
Street 2	
City	
State/Province/Region²	
Zip Code	

Country	
Contact Name	
Contact Phone	

Note²: May not be required for all countries.

Notes and Conditions:

- IVS does not recommend this shipping option if a FedEx account number is not provided. Historically, this has resulted in shipment loss due to payment delays in customs.
- No Duties and Taxes will billed on the Invoice
- Recommended option for customers using a Customs, Clearance, or Import Broker
- By choosing this option, the customer assumes liability for the shipment when it arrives at their countries Customs agency. Any loss due to customs delays is at the sole expense of the customer. Please note that loss due to customs delays is not covered by the insurance provided. Any replacement for loss will be at the sole expense of the customer.

Option 3 – Shipping and Duties and Taxes Paid by IVS

1. Shipments are sent via FedEx International Priority
2. Shipments are insured for the purchase price
3. IVS pays Shipping Charges on behalf of the customer and then passes these costs through to the customer
4. IVS pays any Duties and Taxes resulting from the shipment and passes these costs through to the customer

Notes and Conditions:

- Shipping and Handling charges will be billed on the invoice.
- For International shipments, IVS IS NOT EXEMPT FROM DUTIES AND TAXES. Because IVS is the payer of the Shipping Duties and Taxes, IVS is not exempt from paying duties and taxes that the recipient may be exempt from paying. By choosing this option, the **customer must agree to pay any duties and taxes that will be charged to IVS for the shipment.**
- An estimate of the Duties and Taxes will be added to the order invoice. The customs fees, duties, taxes, and other fees included on the invoice are low estimates. These fees cannot always be accurately quantified. In the event that the estimations were significantly low or that fees relating to this shipment not included on the invoice are charged to IVS, an additional invoice may be issued for either the difference in these fees and/or the fees charged. This additional invoice shall be issued no later than 9 months from the date of shipment. If you have any questions regarding fees or other shipping options, please contact Accounting at IVS for clarification.

Option 4 – Other

<ul style="list-style-type: none"> • Any other shipping option requested will be considered on a case-by-case basis • Not all requests will be granted • If any other shipping carrier than FedEx is requested, it is the responsibility of the customer to set up an account with that carrier and to specifying shipping terms and conditions of service to accommodate shipments on <u>dry ice</u> for a maximum shipping duration of 2-3 days. Please provide the contact information for the carrier. • Please describe in detail the shipping method or protocol desired. Please include all relative information.
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I understand that my request may not be granted. In the event that my request cannot be granted I choose:

- Option 1 – Shipping and Duties and Taxes: Paid by Customer**
 Option 2 – Shipping and Duties and Taxes Paid by IVS
 Option 3 – Shipping Charges Paid by IVS, Duties and Taxes Paid by Customer’s Broker

As our institution/company shipping method and agree to all of the terms and conditions listed.

End User's Information:

End User's Name	
End User's Phone	
End User's Fax	
End User's Email	

Additional Information or Requirements:

Please list any additional information or requirements:

As an authorized member of the above institution/company's Accounts Payable Department, I have accurately provided all of the required information and hereby agree to the selected shipping configuration for any/all orders shipped to our institution/company.

Name: _____

Title: _____

Signature: _____

Date: _____

Appendix A Credit Application

Billing Contact Information:

Company/Institution	
Department	
Street 1	
Street 2	
City	
State/Region	
Zip Code	
Country	
Contact Person's Name	
Contact Person's Phone	
Contact Person's Fax	
Contact Person's Email	
Date Business Commenced	
Business Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:

Banking Information:

Company/Institution	
Street 1	
Street 2	
City	
State/Region	
Zip Code	
Country	
Contact Person's Name	
Contact Person's Phone	
Contact Person's Fax	
Contact Person's Email	
Type of Accounts	<input type="checkbox"/> Savings / Account Number: <input type="checkbox"/> Checking / Account Number: <input type="checkbox"/> Other:

Credit References (#1):

Company/Institution	
Street 1	
Street 2	
City	
State/Region	
Zip Code	
Country	
Contact Person's Name	
Contact Person's Phone	
Contact Person's Fax	
Contact Person's Email	

Appendix A Credit Application

Credit References (#2):

Company/Institution	
Street 1	
Street 2	
City	
State/Region	
Zip Code	
Country	
Contact Person's Name	
Contact Person's Phone	
Contact Person's Fax	
Contact Person's Email	

Credit References (#3):

Company/Institution	
Street 1	
Street 2	
City	
State/Region	
Zip Code	
Country	
Contact Person's Name	
Contact Person's Phone	
Contact Person's Fax	
Contact Person's Email	

Agreement:

1. Domestic Customers: All invoices are to be paid 30 days from the date of the invoice.
International Customers: All invoices are to be paid 45 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. New international customers are required to pre-pay their first few orders to establish a payment history. The first order will be processed and billed upon receipt. Upon receipt of payment, the order will be shipped to the recipient.
4. By submitting this application, you authorize Invivoscribe Technologies, Inc. to make inquiries into the banking and business/trade references you have supplied.

Name: _____

Title: _____

Signature: _____

Date: _____