

**Domestic 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.

To purchase **ASR products**, please complete Appendix B - **CLIA Certified High-complexity Verification Form**.  
 To purchase **RUO products**, please complete Appendix C - **Research Use Notification 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.

<b>Purchaser's Name</b>	
<b>Purchaser's Phone</b>	
<b>Purchaser's Fax</b>	
Purchaser's Email	
Additional Purchasing Requests or Requirements.	

Billing Information:

<b>Company/Institution</b>	
<b>Department</b>	
<b>Street 1</b>	
Street 2	
<b>City</b>	
State/Region	
<b>Zip Code</b>	
<b>Country</b>	
<b>Contact Person's Name</b>	
<b>Contact Person's Phone</b>	
<b>Contact Person's Fax</b>	
<b>Contact Person's Email</b>	
<input type="checkbox"/> <b>EIN Number</b>	
<b>Payment Method</b>	<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:

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

Shipping Method:

**Please choose one of the 3 shipping options below:**

- Option 1 – Shipping Paid by IVS
- Shipments are sent via FedEx
  - Shipments are insured for the purchase price
  - IVS pays Shipping Charges on behalf of the customer and then passes these costs through to the customer

Notes and Conditions:

- This is the **IVS Recommended Option for US Shipments**
- Shipping and Handling charges will be billed on the invoice.

- Option 2 – Shipping Paid by Customer
- Shipments are sent via FedEx
  - Shipments are insured for the purchase price
  - Shipping Charges are billed to the Customers FedEx Account Number

<b>Customer's FedEx Account Number</b>	
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Notes and Conditions:

- This is the **IVS Recommended Option for US Shipments**
- No Shipping Charges will be billed on the Invoice
- A Handling Charge will be billed on the Invoice

Option 3 – Other

- **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 dry ice 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.**

I understand that my request may not be granted. In the event that my request cannot be granted I choose:

**Option 1 – Shipping Paid by IVS**

**Option 2 – Shipping Paid by Customer**

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:

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

Banking Information:

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

Credit References (#1):

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

## Appendix A Credit Application

Credit References (#2):

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

Credit References (#3):

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

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: \_\_\_\_\_

## Appendix B CLIA Certified High-complexity Verification Form

Dear Customer:

In order to accept and process orders for ASR products we need to receive the following from your institution:

- 1) A completed, signed copy of this **CLIA Certified High-complexity Verification Form**, filled out and signed by the Laboratory Director or other authorized person; and,
- 2) A copy of your institution's CLIA certification.

Please return this completed, signed form, along with a copy of your institution's CLIA certification by Fax (858-224-6601) or by email ([sales@invivoscribe.com](mailto:sales@invivoscribe.com)).

Thank you,

Invivoscribe Technologies,

- Our facility is CLIA-certified as a high-complexity laboratory

CLIA# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- We have attached a copy of our CLIA certification documentation

Name of Institution \_\_\_\_\_

Title of Authorized Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature of Person Listed \_\_\_\_\_

Date Signed \_\_\_\_\_

## Appendix C Research Use Notification Form

This form must be completed and be on-file at Invivoscribe Technologies listing every RUO product purchased by researchers. Note: this form can also be completed on-line and sent to us electronically (web address TBD).

The U.S. Food and Drug Administration (FDA) requires Invivoscribe Technologies (IVS) to certify in writing that U.S. customers, who purchase products labeled “For Research Use Only” are aware that these products are not cleared or approved by the FDA for diagnostic use. To comply with this requirement, IVS requests that the individual in your facility ultimately responsible for the product usage complete the Research Use Notification Form.

IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____
IVS Cat # _____	Description: _____

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

My signature on this form certifies my understanding that the products I have purchased are intended “For Research Use Only”. These products are not for diagnostic use. I understand that Invivoscribe Technologies reserves the right to discontinue supplying product(s) if the requirements described above are not met and if this form is not returned.

Please complete this form immediately and **Fax to: (858) 224-6601** or return by mail to: Invivoscribe Technologies, 6330 Nancy Ridge Drive, Suite 106, San Diego, CA, 92121, USA.

If you have any questions regarding this requirement or the Research Use Notification form, please feel free to contact IVS customer service at: (858) 224-6600 or by email: [sales@invivoscribe.com](mailto:sales@invivoscribe.com).

\_\_\_\_\_  
For IVS Office use only.

Customer#: \_\_\_\_\_ Ship date: \_\_\_\_\_

Comments: \_\_\_\_\_