

Please send this completed form in with your samples and Sample Submission Form

A. YOUR PERSONAL DETAILS

For Existing Clients:

Your chXout Client Reference:

Please note, this can be found on all our testing reports. It consists of the first three letters of your surname, plus your three-digit client number.

For New Clients:

Your Name:

Name of Organisation (if applicable)

Address:

.....
.....

Postcode:.....

Email:.....

Tel:.....

Are you a business? Y / N Are you VAT registered Y/N (please circle as appropriate)

Are you a member of the general public? Y / N (please circle as appropriate)

B. YOUR PAYMENT DETAILS

Please choose (tick) from one of the following payment methods:

- Pay online at www.chXout.com
- Pay by PayPal invoice (we will issue this)
- Pay over the telephone using a credit or debit card (please call 0191 543 9448/6405)
- Cash (please do not post cash payments! Please hand this in to the office in person)
- Cheque payable to Complement Genomics Ltd (please put your name and address on the back of the cheque or your client reference, if you have one)
- Please tick if you require an invoice/VAT receipt for your records

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C. YOUR RESULTS

Your results report will be sent to you by email.

- I hereby accept the chXout Terms and Conditions of Sale which are available online at <http://www.chxout.com/terms-and-conditions>

- I hereby accept consent to Complement Genomics Ltd holding my personal information for the purpose of processing orders and keeping me (or my company) updated. I understand that I may withdraw this consent at any time whereupon Complement Genomics Ltd will destroy my records.

Your Signature: _____

Your Name: _____ Date: ____/____/____