

PERSONAL DETAILS & PAYMENT FORM

Personal Details

Existing Clients

Your chXout® client reference:

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

I have used chXout® services before, but I do not have my client reference.

(In case you do not have your client reference, please fill in the information required for new clients).

New Clients

Your Name:

Name of organisation (if applicable):

Address:

.....

.....

Postcode:

Email: Telephone:

Please tick as appropriate:

Are you a business? Yes No

Are you VAT registered? Yes No

Are you a member of the general public? Yes No



PERSONAL DETAILS & PAYMENT FORM

Payment Details:

Please choose (tick) **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 debit or credit card (please call 0191 543 9448)
- Cash. Please hand this into our office in person (do not post cash payments).
- 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

Result Details:

Your results report will be sent to you by email.

I hereby accept the chXout® Term 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.

Signature:

Name: Date:/...../.....

