

NEW CLIENT FORM

Please complete the below form for us to set up your client record and provide you with a client reference number.

**Required*

Service Area (please select):			
First Name*:		Surname*:	
Company name (if applicable):			
Address*:			
Area:			
Town/City:			
Post Code:			
Country:			
Telephone:			
Email*:			
Are you a business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you VAT registered?	Yes <input type="checkbox"/>	VAT no:	No <input type="checkbox"/>
Are you a member of the general public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any sampling materials required?	Birds Ziploc bags	Quantity <input type="text"/>	Birds Blood swabs
			Quantity <input type="text"/>
Kit requests will be sent out to you as soon as possible by first class mail.	Bats	Quantity <input type="text"/>	Great Crested Newt eDNA Please contact us to discuss your requirements or visit our online shop at chxout.com/shop

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.

I would like to sign up to the chXout® newsletter to receive regular news and updates.

Please email your completed form to sales@chxout.com

We will send you a confirmation email containing your client reference number as soon as possible.

If you would like to send your samples straight away, please complete the new client section on your Sample Submission & Processing form.