



Quality Antibody Production Since 1960

Pocono Rabbit Farm & Laboratory, Inc.
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Phone: (800) 622-6381 Fax: (570) 595-9277
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Client Information Form

Please note that incomplete forms may delay starting your project.

PROJECT CONTACTS

Principal Investigator _____

Project Contact(s) _____

Telephone number of contact(s) & PI _____

Email address of contact(s) & PI _____

SHIPPING ADDRESS

This is where we will send products. PRF&L uses FedEx Priority Service for all perishable products.

Contact _____

Institution _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____

Zip Code _____ Country (if not US) _____

BILLING ADDRESS

Please enter the exact address for PRF&L to mail invoices.

Institution _____

Attention _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____

Zip Code _____ Country (if not US) _____

SEND INVOICES BY: _____ Postal Mail and/or Email: _____

METHOD OF PAYMENT (Check One) Purchase Order MasterCard/Visa/American Express

Credit Card Number _____ Expiration Date ____/____

Name and Signature of Credit Card Holder _____

Purchase Order Number, Dates Effective, and Amount _____

Please indicate person to contact for questions regarding invoices. Include telephone number and email address. _____

By signing below, I acknowledge I am aware that I am responsible to see that my account is kept current, my purchase order/credit card number is valid, and that there are sufficient funds to cover this project or any additional procedures that may be added to this project. I also acknowledge that if my account becomes past due more than 60 days, PRF&L reserves the right to withhold product shipments to my lab. I also give PRF&L the authorization to speak to and take instructions from the project contact(s) listed above.

Principal Investigator's Signature _____ Date _____

For PRF&L USE

Customer ID

Received

June 2009