

Oligonucleotide Synthesis

Contact:	Date:
PI Name:	Phone:
E-mail:	Fax:

SHIPPING & BILLING INFORMATION (complete as appropriate):

TUFTS UNIVERSITY	Dept ID:	Project/Grant Number:		
TUFTS MEDICAL CENTER	Cost Center:	Dept:		Box:
ALL OTHER CUSTOMERS				
Shipping Address:				
Billing Address:				
Purchase Order #:				
Credit Card #: Print Form & Fill-in by hand			EXP:	CVV2:
	*The customer verification number is a non-embossed number located on your card that cannot be obtained easily by using an imprint of your card or simply copying down the account number. Discover/Visa/MasterCard CVV2 numbers are the last three digits printed in the signature field on the back of your card. American Express card CVV2 numbers are four digits long and they are printer above the last four-digit block on the front of the card.			

DO NOT SEND CREDIT CARD INFORMATION BY EMAIL! It is not secure and against credit card company security policy to do so. Please send the completed form by fax or include with samples being sent to us.

FOR YOUR SECURITY, PLEASE SHRED FORM WITH CREDIT INFORMATION AFTER FAXING.

Т	U	Tufts University
С	F	Core Facility

Oligonucleotide Synthesis

Contact:			Dat	e:		
PI Name:				.e:		
			Fax:			
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