

Institution/Company Profile

To be included with your completed application, please provide a brief description of your Organisation on company letterhead.

Product Use

Please give a general description of how ATCC products will be used.

Laboratory Facility Description

On your institution's letterhead, describe in detail how your lab facilities, access policies, material handling procedures, and training practices fulfill the criteria established for biosafety level guidelines by the CDC/NIH in chapter III of *Biosafety in Microbiological and Biomedical Laboratories* (BMBL), 5th edition, The entire text is available online at www.cdc.gov/od/ohs

The current biosafety containment level of your facility (circle one): 1 2 3*

This will identify what biosafety level of ATCC materials can be safely received by your Organisation.

*Level 3 will require the curriculum vitae or resume of the primary investigator or end user.

Signature acknowledging your attached laboratory description:

Biosafety or Environmental Officer:

Print First and Last Name

Signature

Shipping Address (complete street address)

Include any additional shipping addresses on a separate sheet of your letterhead paper and submit with application

Department		Bldg. No.	Room No.
Street Address			
City	State/Province	Zip/Postal Code	Country
Telephone	Fax	E-mail	

Researcher/End User Information (Mandatory)

Include any additional End User Details on a separate sheet of your letterhead paper and submit with application

Complete First & Last Name	Telephone	Fax	E-mail

Credit References

Credit Reference 1			
Organisation Name	Contact Person	Account No.	
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)	Fax (including Country Code)	E-mail	

Credit Reference 2			
Organisation Name	Contact Person	Account No.	
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)	Fax (including Country Code)	E-mail	

Credit Reference 3			
Organisation Name	Contact Person	Account No.	
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)	Fax (including Country Code)	E-mail	

Orders are subject to the ATCC Material Transfer Agreement. See the ATCC Web site for more information at www.atcc.org Credit Terms Net 30. To ensure proper credit of your payment, please include a purchase order number for reference.

Cryosite accepts:

- 1) **Visa or MasterCard.** The account number, expiration date, name as it appears on card, and signature are required.

- 2) **Company cheques** made out to:
 - Cryosite Distribution Pty Ltd
 - 13a Ferndell St
 - South Granville NSW 2142 Australia

- 3) **Electronic Funds Transfer:**
 - Bank:** Australia and New Zealand Banking Group Limited
 - BSB:** 012 003
 - Account No:** 349792629
 - Account Name:** Cryosite Limited

We authorize the above listed to provide a credit reference to Cryosite. We also acknowledge that in the event our account becomes delinquent, Cryosite may report to credit agencies and/or forward our account to a collections service.

Authorized By: (please print/type) _____ **Title:** _____

Signature _____ **Date:** _____

If you have questions regarding the status of your application, contact us by phone at 02 8865 2000 or by e-mail at atcc@cryosite.com