



## Food Industry Research and Development Institute Bioresource Collection and Research Center

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### Information of Customer

#### I. Basic Information

	Note
<p>Please define yourself by choosing one of the following customer's categories. Accordingly, please complete the information under the chosen category.</p> <ul style="list-style-type: none"> <li>● <b>Organization:</b> You contact BCRC on behalf of an organization. Biological materials acquired from BCRC can be used within the organization only. All forms should be duly signed by the representative of the organization.</li> <li>● <b>Individual:</b> Biological materials acquired from BCRC can be used by you only. All forms should be duly signed by you.</li> </ul>	

#### Organization

Name		Website	
Name of representative	Tel	Fax	e-mail
Name of correspondent	Tel	Fax	e-mail
Address:			

#### Individual

Name	Tel	Fax	e-mail:
Address:			

#### II. Character of Organization

for profit	not for profit	academic	governmental	other
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#### III. Interested business

life science education	biotech	trade	agent
hospital/clinical examination	pharmaceuticals	cosmetics	chemical engineering
food	agriculture	environment	other

<b>IV. Biosafety Level of facilities</b> (Please refer to <a href="http://www.nsc.gov.tw">http://www.nsc.gov.tw</a> )
BSL1 BSL2 BSL3 or higher

**V. Mailing Address** same as the correspondent as following

Name	Tel	Fax	e-mail
Address			

**VI. Invoice**

Title of the invoice	
Address:	

The undersigned declares that the information provided is correct. The information provided is for BCRC's internally use only.

Customer: \_\_\_\_\_(signature)

Representative: \_\_\_\_\_(signature, for organization customer only)

Date: \_\_\_\_\_