



The Reporter Cell Company

16101 Greenwood Ave North, Building 2900, Shoreline, WA 98133 USA
Telephone: (206) 533-6779 / Fax: (888) 709-8482 / Email: info@xactagen.com

Reporter Cell Order Form

Cell Line: _____

Locus: _____

Gene Name: _____

Accession Number: _____

Purchase Options:

- Cell vial and license to use cells for 30-days (first month): \$5,000.00
 - Cell vial and license to use cells for 30-days (each month thereafter): \$3,000.00 Number of months_____
 - Single plate of cells (one-time use): \$500.00
- Total Order Amount \$_____

Authorized Purchaser: Name: _____

Principal User: Name: _____
(If Different)

Company/Inst.: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Billing Contact: Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Terms and Conditions: If a Purchase Order is received, an invoice will be sent within two business days. Payment is due 30 days from the date of the invoice. Payment terms are Net 30. Renewals: Payment by credit card or Purchase Order must be received no later than the expiration date of your current license.

Signature below confirms order and agreement to the terms and conditions.

Signature X _____ Date _____

Print Name _____ Title _____

Billing Information:

- Invoice us and note Purchase Order #_____.
- A Purchase Order is not required; please send an Invoice to the billing address.
- Credit card: Please contact _____ at _____ to arrange for credit card payment.

Thank you! Call (206) 533-6779 for assistance.