

Declaration of Use Form

Company/Account Name**Customer Number (if known)**

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Department

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Company Address

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Contact Details

First Name	Surname	Title / Position
Primary Contact Phone Number	Primary Contact Email Address	

Declaration of use:

Please confirm how you use the products you currently purchase from AsureQuality Diagnostics

Please tick all that apply:

- in-vitro* *in-vivo* Veterinary Diagnostics Academic Research
 Biotechnology Product Development Medical Research Agriculture
 Other: (Please specify): _____

Product Information:

I would like to receive the following information from AsureQuality Diagnostics

Please tick all that apply:

- New product releases Current Promotions Technical Notes
 Other (Please specify): _____

For access to our terms and conditions please visit www.AQdiagnostics.com or email us diagnostics@asurequality.com