**Bone Cell Core**

**Services request form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Request: |  | | | | |
| First Name: |  | Last Name: | | |  |
| Email address: |  | Phone Number: | | |  |
| Institution: |  | | | | |
| Address: |  | | | | |
| Account Payable Email: |  | Account Payable Phone Number: | | |  |
| Payment Method  (Select One) | Wire Transfer ACH [ ] Check [ ]  Official Purchase Order number from institution & attach PO [ ]  \*We do not accept credit card. | | | | |
| Shipping  Method  (Select One) | Prepay & Add (Shipping cost will be added in invoice) [ ]  Collect [ ] Please provide FedEx/UPS account #: | | | | |
| Service requested: | Description: | | Quantity: | Additional request | |
| For Core Use Only Cost: | Shipping costs: | | | | |
| Date: |  | | | | |

**Complete this form and email to :** [**pdivieti@bu.edu**](mailto:pdivieti@bu.edu)

**Or Fax @: 617-358-0389**