



Thank you for choosing Cytiva. To assist in the setup of your account, please complete the questions and any required forms below and return via email to our Customer Service team.

**Account Profile:**

<b>Will you resell Cytiva products?</b> <b>IF YES, COMPLETE AND RETURN THE ATTACHED END USER FORM</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will you export Cytiva products?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you Partially or Fully Tax Exempt?*</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you shipping to a third party delivery address?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Company Website:</b>		

**\*If Partially or Fully Tax Exempt, a copy of your tax-exempt certificate must be returned with this form (see example on page 3). Please note the following requirements and see example attached.**

1. Please issue the certificate to Global Life Sciences Solutions USA LLC, 100 Results Way, Marlborough, MA 01752
2. The certificate must be fully and correctly completed as per State requirements including (where required) your full legal entity name, description of purchase(s), as well as any other mandatory requirements as per the certificate.
3. The certificate must be signed and dated.

**Failure to provide proper documentation to prove your tax exemption status will result in upcoming transactions being tax payable.**

**Invoicing:**

Cytiva requires electronic invoicing to minimize delays and reduce paper processing. Please provide an email address that will receive all invoices in PDF form for this Bill To account. This must be a general or department mailbox address such as [billing@companyname.com](mailto:billing@companyname.com).

<b>Accounts Payable Contact Name</b>	
<b>Accounts Payable Contact Email Address</b>	
<b>Email Address for Invoice Delivery</b>	
<b>Accounts Payable Contact Phone</b>	

US Customer Service  
526-3593

Email: [CustomerService.US@cytiva.com](mailto:CustomerService.US@cytiva.com) Ph: 1-800-



**Account Setup Information: Bill To and Ship To Addresses**

These fields are not required if you have submitted a purchase order containing the information below

**Bill To Information:**

Account/Legal Entity Name:	
Street Address	
Address 2 (Optional)	
City:	
State or Province:	
Zip:	

**Ship To Information:**

**Please ensure this is a valid business, non-residential address to avoid delays in processing**

Account Name:	
Street Address	
Address 2 (Optional)	
City:	
State or Province:	
Zip:	



### Tax Certification Requirements:

**\*If Partially or Fully Tax Exempt, a copy of your tax-exempt certificate must be returned with this form. Please note the following requirements and see example attached.**

1. Please issue the certificate to Global Life Sciences Solutions USA LLC, 100 Results Way, Marlborough, MA 01752
2. The certificate must be fully and correctly completed as per State requirements including (where required) your full legal entity name, description of purchase(s), as well as any other mandatory requirements as per the certificate.
3. The certificate must be signed and dated.

### Example of Tax Certificate:

## Sales and use tax exemption certificate

**This certificate is for:**

Single use      You need to show this certificate each time you buy an exempt item.

Blanket certificate      You can use this certificate anytime, as long as you and the seller/ marketplace facilitator have a recurring business relationship. A recurring business relationship means you have at least one sale transaction within 12 months

Seller's/Marketplace facilitator's name Global Life Sciences Solutions USA LLC  
100 Results Way, Marlborough, MA 01752

**Buyer information**

UBI number or account ID ### ### ###

Name Buyer Legal Entity Name

Mailing address ### Main Street Unit 5555

City CITYNAME      State STATE      Zip #####

By using this certificate, you agree that:

- you are a qualified manufacturer, processor for hire, or business that engages in testing for a manufacturer or processor for hire, **and**
- you will use the items you buy directly in a manufacturing, processing for hire or testing operation.

**Seller/Marketplace facilitator must retain the original of this certificate for their records.**

**Do not send a copy of this certificate to the Department of Revenue**

By signing this certificate, you are agreeing that you are fully aware of the legal penalties for fraud and tax evasion.

Buyer or Authorized agent of buyer (please print) FIRST LASTNAME

Signature Authorized Signature      Title Accts Payable Rep      Date MM/DD/YYYY

US Customer Service  
526-3593

Email: [CustomerService.US@cytiva.com](mailto:CustomerService.US@cytiva.com) Ph: 1-800-



US Customer Service  
526-3593

Email: [CustomerService.US@cytiva.com](mailto:CustomerService.US@cytiva.com) Ph: 1-800-