



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> <b>IF YES, PLEASE INCLUDE A COPY OF YOUR TAX-EXEMPT CERTIFICATE WITH THIS FORM</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>		

**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>	

Customer Service

Email: [CustomerService.CA@cytiva.com](mailto:CustomerService.CA@cytiva.com) Ph: 1-800-463-5800



### 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 ensure delays in processing**

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