



Intended Use Form

To expedite processing please send this completed form to agreements@abionline.com or fax to 301-497-9773.

1	COMPANY/INSTITUTION PROFILE			
Date				
Company/Institution				
Customer Acct. No.				
Ownership	<input type="checkbox"/> Proprietorship	Business Type (check all that apply)	<input type="checkbox"/> Government	
	<input type="checkbox"/> Partnership		<input type="checkbox"/> University	
	<input type="checkbox"/> LLC		<input type="checkbox"/> Authorized ABI Distributor	
			<input type="checkbox"/> Hospital	
			<input type="checkbox"/> Pharmaceutical	
			<input type="checkbox"/> Reseller	
			<input type="checkbox"/> Other	
PO/Reference No.		Purchase Order	<input type="checkbox"/> Attached	<input type="checkbox"/> TBD

If a Purchase Order is attached please review and make sure the following is included:

- Billing address
- Shipping address
- Catalog number
- Product Description
- Quantity
- Unit of Measure
- Current Price
- Required lot number (if applicable)
- Required expiration date (if applicable; all products ship at least 30 days before expiration; see product information on our website or contact us for specific product details)

If attaching a Purchase Order please put **SEE ATTACHMENT** in section 2 Billing Information.

2	BILLING INFORMATION			
Billing Address				
Shipping Address				
Payment	<input type="checkbox"/> Net 30 Days (must have terms set up with ABI)	← OR →	<input type="checkbox"/> PrePay (We accept payments by check, ACH, Wire, Visa, Mastercard and American Express)	
	Shipping Charges	<input type="checkbox"/> Add shipping & handling to the invoice	← OR →	Bill my FedEx account no.: _____ <input type="checkbox"/> 3rd Party Handling will be added to the invoice.
				<input type="checkbox"/> Priority Overnight <input type="checkbox"/> Standard Overnight
Distributor Drop Shipping	<input type="checkbox"/> Drop ship to End User's Shipping Address			

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3		END USER PROFILE	
Name			
Title/Department			
Mailing Address			
Phone number		Email	
Updates	I would like to receive ABI news and product information <input type="radio"/> Yes / <input type="radio"/> No		

4		MATERIAL REQUEST	
Please note material cannot be reserved during the negotiation process.			
Product Description			
Catalog No.			
Quantity for Immediate Purchase		Quantity forecast for 3-5 years	
Intended Use (Please be as detailed as possible)			
Will you be making a profit from this product or any of its progeny?	<input type="radio"/> Yes / <input type="radio"/> No		
If your intended use is research, what is the source of your funding?			
Will this research go through your Technology Transfer Office?	<input type="radio"/> Yes / <input type="radio"/> No		
What is the expected time frame of your research project?			
Is this for validation?	<input type="radio"/> Yes / <input type="radio"/> No		
How long will you be working with our product?			
Is this a control for paid tests?	<input type="radio"/> Yes / <input type="radio"/> No		

NOTES	

Purchaser Name	
Title	
Phone	
Email	