



Complete and fax to:
'Attn: Kyria Boundy-Mills,' 530.752.4759
Or mail to: Kyria Boundy-Mills, Food Science and
Technology,
One Shields Ave, UC Davis, Davis CA 95616 USA
Contact: KLBMILLS@UCDAVIS.EDU, phone
530.754.5575
Web: www.phaffcollection.org

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Acknowledged and Understood

Authorized Official

RECIPIENT SCIENTIST

By _____
Name _____
Title _____
Date _____

By _____
Name _____
Title _____
Date _____

Exhibit A

Check one:

- Academic institution (\$100 per strain). Name: _____
- Government agency (\$100 per strain). Name: _____

NUMBERS AND KINDS OF SCREENING TESTS

Please describe proposed screening tests:

Order date	Customer PO number

ACCOUNT INFORMATION

	Shipping	Billing
First name		
Last name		
Address		
City		
State		
Country		
Postal code		
Email address		
Phone		
Fax		

STRAIN INFORMATION

ID number	Species	Total cost (\$US)
		\$
TOTAL		\$