

# ORDER FORM

Date \_\_\_\_\_  
*day - month - year*

## 1 Client/Mailing address

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Organization name: \_\_\_\_\_

Organization Type (please circle one): For Profit Non-profit

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

## 2 Billing address

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Organization name: \_\_\_\_\_

Organization Type (please circle one): For Profit Non-profit

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Specify the MOLA number(s), the quantity (ies) and the scientific name (s) in the space below. The catalogue of strains available can be found on our web site ([www.obs-banyuls.fr/souchotheque/catalogue.php](http://www.obs-banyuls.fr/souchotheque/catalogue.php)):

Intended use(s) ? (circle one) Biotechnology - Research - Teaching

MOLA Catalogue N°	Quantity	Scientific name

Please send this document, along with **two copies of the signed Material Transfer Agreement (MTA)** document to the following address by mail or FAX to:

Prof. P. Lebaron / MOLA Collection  
Laboratoire Arago  
Avenue du Fontaulé  
BP 44  
66651 Banyuls-sur-mer cedex FRANCE

FAX : + 33 4 68 88 16 99

MOLA staff only

Reception date :

Reception N° :

Recipient User :

Billing User :

MTA N° :