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Upon completion, please send this form via email to support@otogenetics.com or by fax to +1-206-339-8150.

Project Information:

Quote #: _____ Institution Name: _____

First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

Shipping Address: _____

City: _____ State: _____ Country: _____ Postal: _____

Data Delivery: (Provide details for at least one delivery method)

DNAexus User ID / E-mail: _____ Google Drive / Gmail Address: _____

Billing Information: (Select a method of payment)

Credit Card*
(4% surcharge applies)

Purchase Order
(U.S customers only)

Check

Bank Wire Transfer

PO # (or pending): _____ Purchasing Contact: _____

Billing Address:

Check if same as shipping address

Billing E-mail: _____ Billing Phone: _____ Billing Fax: _____

Billing Address: _____

City: _____ State: _____ Country: _____ Postal: _____

*Credit Card Information: (4% surcharge applies)

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ CCV (card security code): _____

Card Holder's Address: _____

City: _____ State: _____ Country: _____ Postal: _____

NOTE: Bank wire transfer instructions or check mailing instructions will be provided on invoice.