

CUSTOMER REGISTRATION APPLICATION

Imanis requires customers have a registered account in order to purchase oncolytic viruses. Please complete the following Customer Registration Application. Notice of application status will be given within one week.

Application Date	Person completing a	Person completing application		Position	
INSTITUTIONAL INFOR	RMATION		<u> </u>		
Institution Name					
Tax ID		DUNS Numb	DUNS Number		
Institution Street Addre	ss				
City	State	Zip Code		Country	
Telephone Number		Email Addre	Email Address		
Website					
Type of Institution • Academic/Non-profit	Commercial/For-profit	t • Distributor			
Facility Biosafety Capal BSL1 BSL2	bilities (of lab(s) where work • BSL2+ or higher		es will be perfor	med)	
AGREEMENTS (initial	each statement)				
	I that Imanis oncolytic viruse when working with or handli		ıses, and approp	oriate biosafety precautions	
We understand	I that Imanis oncolytic viruse	s are for research use o	nly. They are N	OT for use in humans.	
	I that it is our responsibility to ermits may be required by Im		•	or working with these	
license with Imanis if we wasingle-lab-use, non-commobe shared or distributed to but not limited to manufact complete details of the Image.	Imanis oncolytic viruses are rish to use any oncolytic virusercial license, which limits the other laboratories or instituteuring, paid contract research anis terms of use are fully out	s for commercial activitien eir use to internal reseat es and they are NOT to the services, therapeutic, of	es. [Imanis onco rch only. Imanis be used for com diagnostic, and p	lytic viruses come with a soncolytic viruses cannot nmercial purposes, including prophylactic uses. The	
SIGNATURE Signature			Date		