

CHEM LOGIX

RESEARCH CHEMICALS

www.Chemlogix.ca

Account Authorization Form

Legal Last Name: _____

Legal First Name: _____

Billing and Shipping Address must be the same as your Photo ID; otherwise you may be required to provide an explanation with supporting documents.

Address: _____

City / Province (State) / Postal Code (Zip Code): _____

Phone Number: _____

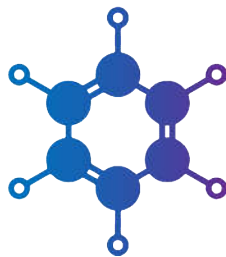
Email: _____

Your research description must answer:

1. How you will be using the chemicals?
2. What procedures will you be following?
3. What measurements/metrics/parameters will you be observing?
4. What are the details (make and model) of the instruments you will be using (GCMS, FTIR, Mass Spec, NMR etc)

If your research description does not answer these questions, your account will NOT be Authorized!

Research Description:



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I confirm that the information provided in this application is correct and accurate.

I agree to use any and all chemicals purchased from www.Chemlogix.ca ONLY for the Research Description disclosed in this application and NOT on humans or animals.

I hereby release, waive and discharge CGLogix Inc. and its employees, from and against all liabilities, claims, damages and obligations whatsoever which I may, at any time, suffer arising from or related to the chemicals purchased from www.Chemlogix.ca.

I have read, understood, and agree to abide by the Terms and Conditions on <https://chemlogix.ca/en/content/3-terms-and-conditions-of-use>

Signature:

Type or Print Name: _____

Date Signed (mm/dd/yyyy): _____

Instruction On How To Sign This Form

To sign this form (digitally, or by mouse), you can use Adobe Reader, or <https://www.foxitsoftware.com/pdf-reader/>
If you are using a smartphone, you can download and use "genius scan app"

How to add a signature using Foxit:

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_____ Sign Initials Here