

Lymphocyte T-Cell Immunomodulator (LTCI)

ACCOUNT SET-UP		
Date//		
Doctor's Name		
Hospital Name		
Phone Number ()	Fax Number (_)
Email	Web Address	
ORDERING INFORMATION		
Approved Account Number Office Use Only		
Purchase Order Number If Applicable		
Number of 3-Packs Ordered: N	umber of 10-Packs Ordered	:
Shipping Address	Billing Address	
Street	Street	·····
City	City	
State ZIP	State	ZIP
PAYMENT INFORMATION		
Credit Card Number		
Name as Appears on Card		
Expiration Date / / Sec	urity Code	

T-cyte

FAX: 951-346-5575 **EMAIL:** info@tcyte.com

Mail: 41718 Eastman Dr., Murrieta, CA 92562

Vet Technical: 800 483-2104 ex.86

General Info: 800 483-2104 ex 88 **Order info:** 800 483-2104 ex 87