



**RESEARCH SERVICES: INSTITUTIONAL ACCOUNT REQUEST FORM**

New clients from institutions must complete this form and fax or email it to CEN4GEN at 1-587-329-9566 or [accounts@cen4gen.org](mailto:accounts@cen4gen.org) prior to submitting your first service order. Please note that all fields on this form are required and must be printed clearly. Upon review, you will be assigned an account number. For research service orders, please include your assigned CEN4GEN institution account number to ensure accurate billing.

**INSTITUTION NAME:** \_\_\_\_\_

**Section 1 – Authorized Billing/Business Office Contact Information**

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YY)

**Section 2 – Billing Options**

Preferred method of invoice receipt:  Fax  Email

Fax or Email where invoice should be sent if different than in Section 1: \_\_\_\_\_