



SIGMA-ALDRICH

Attn: Screening Office
3050 Spruce Street
St. Louis, MO 63103 USA
Telephone (800)521-8956 * (314)-771-5765
Fax (800)-531-2628 * (314)771-5757

END USER/USAGE INFORMATION

**FORMULARZ
EUD-T**

Part A: Institution Name

Customer Number: _____ Sales Order Number: _____

PLEASE TYPE OR PRINT CLEARLY

Product name: _____ Product number: : _____

Institution name: _____

Department name: _____

Street Address: _____

(Post Office box numbers are unacceptable)

City, Province: _____

Country: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

Website address: _____

Part B: End User Information

End User: _____

(Full name please, no initials)

Email Address: _____

Past Research/ Educational Background Information: _____

Detailed end usage: Please be specific, using common language where possible, and define any technical terms or jargon used. General statement such as "For research only" are not sufficient. The Department of Commerce requires adequate information be submitted before granting an export license. Please provide reference material where possible.



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Part C: Additional Parties Involved

Name/Address of all intermediates involved in this transaction (freight forwarders, brokers, distributors, dealers)
