



# Core Facilities Customer Set Up Information



Thank you for choosing CDDI to provide your Core facility services. We welcome the opportunity to assist you with your research needs. In an effort to make requesting services at any of our Core facilities easier, please provide us with the basic information below. Invoices will be generated monthly and sent to the billing address listed.

## USF DEPARTMENTS (ONLY)

PI Name \_\_\_\_\_ PI E-mail \_\_\_\_\_  
 Department \_\_\_\_\_ PI Phone (no dashes) \_\_\_\_\_  
 Billing Contact for Department \_\_\_\_\_ Billing Phone (no dashes) \_\_\_\_\_  
 \_\_\_\_\_ Campus M/S \_\_\_\_\_

### USF DEPARTMENTS PLEASE PROVIDE DEFAULT CHARTFIELD INFORMATION

Services will be billed to the default chartfield provided below in the event there are budget issues with the chartfield provided on the service requisition. Please do not list Projects/Grants as default.

OU \_\_\_\_\_ DEPT # \_\_\_\_\_ FUND \_\_\_\_\_ PRODUCT \_\_\_\_\_ INITIATIVE \_\_\_\_\_

## EXTERNAL CUSTOMERS

Company \_\_\_\_\_  
 Attn. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Tax Exempt (If yes, please provide a copy of certificate).  Yes  No

### BILLING TERMS

"Thank you; we really appreciate your business". Invoices will be generated on a monthly basis and payments are due within 30 days of invoice date.

### COLLECTION POLICY

In the event your invoices are not paid, the University of South Florida may turn your account over to a collection agency. By your signature below you agree to pay all cost, expenses, reasonable attorney's fees and/or collection fees in the collection hereof, including those fees incurred in appellate proceedings.

### PUBLICATIONS

All publications resulting from consultation/collaboration with CDDI personnel from the use of CDDI facilities/equipment should be cited as follows: *"This work has been supported in part by the Florida Center of Excellence for Drug Discovery & Innovation at the University of South Florida"*.

Signature: I have read and understand the above information. \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE RETURN COMPLETED FORM TO:

CDDI ADMINISTRATIVE OFFICE  
 3720 Spectrum Blvd., Suite 303 - Tampa, Florida 33612  
 Campus Mail Point: 30338 USF Holly Dr.

P: (813) 974-0274 F: (813) 905-9933 E-mail: [cddi@usf.edu](mailto:cddi@usf.edu)