End User Export Statement



Please Note: Forms will not be accepted unless all boxes have been fully filled out. Information and signature must be from the end user not a reseller or intermediary.

End User Information

Purchase Order #:			Company Website:				
First & Last Name:			Phone/Fax Number:				
Company/Facility:			Email Address:				
Department:			Full Address:	Full Address:			
			ility Information				
following. Indica	te yes				opment or stockpiling of any o te no if this facility is not invol		
in these activitie	es:						
Yes	No	Chemical Weapons	Yes	No	Biological Weapons		
Yes	No	Nuclear Weapons	Yes	No	Missile Production		
		Annli	cation Information	1			
The specific app	licatio	n of the equipment is as:			n detail and use an		
additional sheet	of pap	er if necessary:					
		Acknowl	edgement of End U	Icor			
The signature m be accepted.	ust be				esellers or intermediaries wil	l not	
Signature:			г)atai			
oignature:			L)ate:			
First/Last Name	:		Title:				
		For Reselle	er/Intermediary U	se Only			
Company Name.					e fax this form to +1 406-582-0237 or email ers@quantumcomposers.com.**		



QC/Quote Number:



+1.800.510.6530

+1.406.582.0227