

PLEASE TYPE!

BILLING ACCOUNT APPLICATION FOR MRL RECHARGE FACILITIES

I. ACCOUNT INFORMATION

COMPANY: _____

ADDRESS: _____

BILLING CONTACT NAME: _____

BILLING CONTACT TELEPHONE: _____

BILLING EMAIL: _____

BILLING ADDRESS (if different from above) : _____

II. TERMS AND CONDITIONS

The Regents of the University of California shall bear no responsibility for project development or success. Institution shall bear complete responsibility for success or failure of project. Institution is responsible for payment of facility fees in accordance with the UCSB fee structure at: www.mrl.ucsb.edu/recharge-rates

Fees shall be paid in a timely manner, regardless of project outcome.

III. INSTITUTION

This Agreement must be signed by an Officer of the Institution with signature authority.

Officer's Name: _____ Title: _____

Officer's Signature: _____ Date: _____

IV. Please submit completed application to Sylvia Vogel (sylvia@mrl.ucsb.edu).