

REQUEST FOR MISSION TRIP DONATION

BUSINESS CONTACT INFORMATION				
Requestor's Name:				
Requestor's Facility:				
Phone: Fax:		E-mail:		
Address:				
City:		State:	ZIP Code:	
CHARITABLE ORGANIZATION INFORMATION				
Organization Name:				
Organization Contact:				
Organization Tax ID #	:	Is Organization a Registered U.S. Non-profit? Yes O No		
Address:				
City:		State:	ZIP Code:	
Telephone: Fax:		Website:		
SHIPPING INFORMATION				
Date donation needed by:				
Shipping Address:				
City:		State:	ZIP Code:	
MISSION TRIP DONATION NEEDS:				
Date of Mission Trip:				
Product Requested:				
Product #:		Description:	Quantity:	
Product #:		Description:	Quantity:	
Product #:		Description:	Quantity:	
AGREEMENT				
By submitting & signing this application for a donation, I agree to comply with the following terms and conditions:				
 Organization will comply with applicable Food and Drug Administration (FDA), Export Administration regulations and import laws, including ministries of health of any importing country, including the cost of shipping and any applicable taxes; Organization will maintain records of the Donated Products as required by the Internal Revenue Service; All Donated Products are donated "as is" without any representations or warranties of any kind and Organization hereby releases Diamatrix from any and all liability resulting from the use of the Donated Products; and Organization shall indemnify and hold Diamatrix harmless from and against any and all claims, liability, loss, damage or injury of any kind, including attorneys' fees and costs of litigation, directly or indirectly resulting from or associated with Organization's use of the Donated Products. 				
Signature International Science & Technology LP			Date www.diamatrix.com	
dba Diamatrix Ltd 210 Nursery Roa The Woodlands,	d. d	8	00.867.8081 ax 281.292.5481	