



Onboarding Form for MK-6240

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| CUSTOMER NAME: Cerveau Technologies, Inc. - | |
| BILLING | Clinical Trial Imaging Site |
| Entity Name: Cerveau Technologies ___ Same as Customer Name Purchase Order No. (if applicable) _____ | Site Name: Site Number (if applicable): |
| Contacts: | Contacts: |
| Billing inquiries and questions Name: Stephen Arnold, CFO Phone: (865) 868-3402 Extension 2 Fax: Email Address: sgarnold@cerveautechnologies.com Invoice payment approval Name: Phone: Fax: Email Address: | Main Contact for User Setup of PETNET's Online Apps: Name: Title: Phone: Fax: Email Address: |

Required for New Clinical Trial Imaging Sites

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|---|---|
| Billing Address: | Imaging Center Address: |
| Attn: Accounts Payable Street Address: 308 N. Peters Road, Suite 201 City, State ZIP Knoxville, TN 37922 | Attn: Street Address: City, State ZIP |
| FEIN: Is your organization exempt from state & local taxes? No Yes <small>**if yes, we must have a copy of your exemption certificate for our records.**</small> | RAM License #: Filing State: <small>**Copy of RAM license must be on file with the pharmacy prior to delivery of first dose</small> |
| Preferred Billing Frequency Weekly Monthly Is PO required for invoice payment No Yes With each order Monthly Other PO# (if available) _____ | Contact info of individual responsible for dose ordering: Name: Title: Email Address: |
| Special Billing Instructions: | Special Shipping Instructions: |

| | | |
|---|----------------------------|----------------------|
| _____ Customer's Authorized Signature | _____ Print Name | _____ Date |
|---|----------------------------|----------------------|

Please submit your RAM license and this completed Onboarding Form and Delivery Location Information to complete the setup of your account

DELIVERY LOCATION INFORMATION

| DELIVERY LOCATION NAME (if different from site name): | |
|---|---|
| Delivery Address Information | General Delivery Information |
| <i>Attention Name and Title</i> | <i>Shipping/Delivery Notes/cell phone # for delivery issues</i> |
| <i>Address</i> Do you utilize X unit doses or ___ multi-dose vials? MK-6240 is only available in unit doses | If multi-dose vials, what is the brand of multi-dose dispensing unit? N/A |
| Hours of Access | Additional Delivery Information |
| <i>Opening Time (Time customer is open for business)</i> | <i>Parking Location for deliveries</i> |
| <i>Early Drop Off Time (Desired drop-off interval before injection)</i> | <i>Additional Location Information (Location of Mobile Coach, etc.)</i> |
| <i>Service Time (Elapsed time needed to service a client from parking to delivery of cases)</i> | <i>Security Requirements (Parking pass required, ID required, etc.)</i> |
| | <i>Limitation on number of Shipping Cases:</i> |

Please submit your RAM license and this completed Customer Onboarding Form and Delivery Location Information to complete the setup of your account.

Email to order@erveautechnologies.com