



Customer Information

Accounts Payable Contact

Company Name: _____

Address: _____
Street Address *Suite #*

_____ *State* *ZIP Code*
City

A/P Contact Name: _____
Last *First* *M.I.*

Phone: () _____ Fax: () _____

E-mail Address: _____

Technical Contact

Company Name: _____

Address: _____
Street Address *Suite #*

_____ *State* *ZIP Code*
City

Contact Name: _____
Last *First* *M.I.*

Phone: () _____ Fax: () _____

E-mail Address: _____

SEMTEch Solutions Information

Addresses

Accounting:
SEMTEch Solutions, Inc.
P.O. Box 2155
Natick, MA 01760

Fax: (508) 653-7520
Email: accounting@semtechsolutions.com

Laboratory:
SEMTEch Solutions, Inc.
6 Executive Park Drive
North Billerica, MA 01862
Phone: (978) 663-9822 x232
Fax: (978) 663-9823
Lab Manager Email: edobi@semtechsolutions.com

Payment Terms & Methods

Terms:
NET 30 Days

Methods:
Company Checks, Credit Cards – MC/VISA/AMEX