

Mailing address:

Name _____
 Institution _____
 Department _____
 Address _____

 City _____
 State, Zip _____
 Email _____
 Phone _____

Billing Information:

P. O. # _____
 Name _____
 Institution _____
 Address _____

 City _____
 State, Zip _____
 Email _____
 Phone _____

For credit card payment:				Visa <input type="checkbox"/>	Master <input type="checkbox"/>	AE <input type="checkbox"/>
Card # _____	Card Holder Name _____					
Expiration date _____	Signature _____	Date _____				

If you already obtained a quote from us, you only need to enter the quote number in the Comment section with the shipping and billing information (above)

Peptide 1

Peptide Name _____ Purity (%) _____ Amount (mg) _____
 N-terminal Acetylation: Yes No C-terminal Amide: Yes No
 Modification 1 _____ Position _____ Modification 2 _____ Position _____

Enter sequence from N to C terminus (one letter code):

 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

 21 22 23 24 25 26 27 28 29 30

(for >30, please contact us by email)

Number of residues _____	\$ _____
Modification _____	\$ _____
Total \$ _____	

Number of peptide: _____ **Cost:** \$ _____ **Shipping:** \$ _____ **Total Order:** \$ _____

Comment:

A – Ala C – Cys D – Asp E – Glu F – Phe G – Gly H – His I – Ile K – Lys L – Leu
 M – Met N – Asn P – Pro Q – Gln R – Arg S – Ser T – Thr V – Val W – Trp Y – Tyr

Your Name	Email	Date
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Peptide __

Peptide name _____ Purity (%) _____ Amount (mg) _____

N-terminal Acetylation: Yes No C-terminal Amide: Yes No

Modification 1 _____ Position__ Modification 2 _____ Position__

Enter sequence from N to C terminus (one letter code):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30										

(for >30, please contact us by email)

Number of residues _____	\$ _____
Modification _____	\$ _____
Total \$ _____	

Peptide __

Peptide name _____ Purity (%) _____ Amount (mg) _____

N-terminal Acetylation: Yes No C-terminal Amide: Yes No

Modification 1 _____ Position__ Modification 2 _____ Position__

Enter sequence from N to C terminus (one letter code):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30										

Number of residues _____	\$ _____
Modification _____	\$ _____
Total \$ _____	

Peptide __

Peptide name _____ Purity (%) _____ Amount (mg) _____

N-terminal Acetylation: Yes No C-terminal Amide: Yes No

Modification 1 _____ Position__ Modification 2 _____ Position__

Enter sequence from N to C terminus (one letter code):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30										

Number of residues _____	\$ _____
Modification _____	\$ _____
Total \$ _____	