

|   |                          |                            |
|---|--------------------------|----------------------------|
| <b>User Name:</b>   |                          | <b>Quote #:</b>            |
| <b>Salutation:</b> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> |                          | <b>E-Mail Address:</b>     |
| <b>Phone #:</b>   |                          | <b>Fax #:</b>              |
| <b>P.O./CC*:</b>  | <b>Purchasing Agent:</b> | <b>Purchasing Phone #:</b> |

\* Call if pay credit card

|                     | Shipping Address | Billing Address (if different) |
|---------------------|------------------|--------------------------------|
| Contact             |                  |                                |
| Company/Institution |                  |                                |
| Dept./Bldg./Room #  |                  |                                |
| Address             |                  |                                |
| City, State, Zip    | Zip              | Zip                            |

**Peptide Information**

|   |   |
|---|---|
| <b>Peptide Name:</b>  | <b>Peptide Name:</b>  |
| N-term- _____<br>_____ -C-term  | N-term- _____<br>_____ -C-term  |
| N-terminus: Free Amine <input type="checkbox"/> <b>Acetyl(blocked)</b> <input type="checkbox"/> <b>Other</b> _____  | N-terminus: Free Amine <input type="checkbox"/> <b>Acetyl(blocked)</b> <input type="checkbox"/> <b>Other</b> _____  |
| C-terminus: Free Acid <input type="checkbox"/> <b>Amide(blocked)</b> <input type="checkbox"/> <b>Other</b> _____  | C-terminus: Free Acid <input type="checkbox"/> <b>Amide(blocked)</b> <input type="checkbox"/> <b>Other</b> _____  |
| Quantity: 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/>   | Quantity: 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/>   |
| Purity: Desalted <input type="checkbox"/> >70 <input type="checkbox"/> >75 <input type="checkbox"/> >80 <input type="checkbox"/> >85 <input type="checkbox"/><br>>90 <input type="checkbox"/> >95 <input type="checkbox"/> >98 <input type="checkbox"/> | Purity: Desalted <input type="checkbox"/> >70 <input type="checkbox"/> >75 <input type="checkbox"/> >80 <input type="checkbox"/> >85 <input type="checkbox"/><br>>90 <input type="checkbox"/> >95 <input type="checkbox"/> >98 <input type="checkbox"/> |
| Modifications/Notes:  | Modifications/Notes:  |

**Fax Information**

Please fill in order form clearly and fax to 240-744-7158 and you will receive confirmation through your email