



# Peptide Synthesis Quote/Order Form

Quotation #	
Investigator:	
Tel:	
Fax:	
Email:	

P.O. #	
Purchasing Agent:	
Tel:	
Fax:	
Email:	

	Shipping Address	Billing Address (if different)
Name		
Company/Institution		
Dept./Bldg./Room #		
Address		
City, State, Zip		
Country		

Peptide Name	Peptide Sequence (from NH <sub>2</sub> to COOH)

N-terminal	C-terminal	Purity	Quantity	Modification
amine	amide	crude	5 mg	phosphorylation
acetyl	carboxyl	>75%	10 mg	methylation
biotin	MAPS	>90%	25 mg	sulfonation
succinyl	methyl ester	>95%	50 mg	cyclization
other	other	other	other	other

Item	Catalog No.	Description	Qty	Unit Price	Subtotal Price
1					
2					
3					
4					
5					
<b>Shipping and handling</b>					
<b>TOTAL</b>					

I do not have a PO number, please charge my credit card

CC Type	
Cardholder's Name	
Account No.	
Expiration Date	

Date	
Signature	

Please submit one Quote/Order Form for each peptide by mail, fax, or email to the Customer Service Dept of Abbiotec.