

# EZBiolab Gene Synthesis Order Form

Fax: 317-663-0721 Email: [service@ezbiolab.com](mailto:service@ezbiolab.com)

Date \_\_\_\_\_

## Mailing address:

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

## Billing Information:

P. O. # \_\_\_\_\_  
Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### If pay by credit card, please enter:

Visa  Master  AE

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Gene Information

Gene Name \_\_\_\_\_ Number of BPs \_\_\_\_\_

Subcloning: Yes No if yes, please indicate subcloning vector name, subcloning site and the vector supplier in the comment section

Sequence: to avoid errors, please send us the sequence via email or web order form

## Price (\$)

Gene \$	_____
Subcloning \$	_____
<b>Total \$</b>	_____

## Comment: