

**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     Master     AE

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

<b>Your Name</b>	<b>Email</b>	<b>Date</b>
------------------	--------------	-------------

**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 _____ \$ _____
<b>Total \$ _____</b>

**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 _____ \$ _____
<b>Total \$ _____</b>

**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 _____ \$ _____
<b>Total \$ _____</b>