COMMONWEALTH BIOTECHNOLOGIES, INC.

601 Biotech Drive, Richmond, VA 23235
Phone: 1-800-735-9224/804-648-3820
Fax: 804-915-3834
Website: www.cbi-biotech.com
E-mail: info@cbi-biotech.com

PEPTIDE SYNTHESIS ORDER FORM

CLIENT SHIPPING INFORMATION	CLIENT BILLING INFORMATION
Contact Name: _____	**Company Name:** _____
Company Name: _____	**Bill to Address:** _____
Ship to Address: _____	**Phone:** _____
Phone: _____	**Fax:** _____
Fax: _____	**PO# or Credit Card Information:** _____
Email: _____	

STRUCTURE OF PEPTIDE (N -> C; INDICATE DISULFIDE BONDS):

Sequence Requested:

_____

C-Terminus: ☐ AMIDE ☐ COOH

N-Terminus: ☐ NH3+ ☐ ACETYL ☐ OTHER (e.g., biotin, succinyl, benzoyl, etc.) _____

Desired Quantity: _____ mgs _____ g

Desired Purity: ☐ CRUDE (60-75%) ☐ >95% ☐ >98%

Mass Spec. Required: ☐ Yes ☐ No

Other Information/Requirements: _____

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SERVICE AGREEMENT

Service:
Commonwealth Biotechnologies, Inc. (CBI) endeavors to provide timely, quality service, with rapid return of analytical results and/or samples to the Client (the Investigator requesting services to be performed). CBI will promptly notify the Client of any unexpected delays. CBI personnel will follow applicable written protocols for all services provided. CBI will provide proof of accepted analytical techniques, as requested by the Client. CBI will provide data and/or summary sheets of all results obtained.

Payment:
In exchange, the Client agrees to pay in full, for the services delivered to client in full within 30 days of receiving CBI's invoice for the services performed. CBI makes no expressed or implied warranties for the results that are obtained and unless there is an instrument malfunction, a technician error, or some fault directly attributable to CBI. ***PAYMENT IN FULL IS EXPECTED UNLESS PREVIOUS ARRANGEMENTS ARE MADE WITH CBI.*** CBI will not be held liable for results obtained with Clients samples. CBI expressly guarantees to perform all its procedures with professional diligence, and strives to perform quality work acceptable to all its Clients.

Date of this Agreement: _____

_____RBH:vt_____

Robert B. Harris, Ph.D.
President
Commonwealth Biotechnologies, Inc.
601 Biotech Drive
Richmond, VA 23235

Client Signature: _____

Client Name: _____

Title: _____

Company Affiliation: _____