# VE-BEVS Products

## VE-Insect Sf9 Cell Lines #10010, #10020, #10030

<table>
<thead>
<tr>
<th>Product #</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10010 VE-CL-01</td>
<td>_______ x $800 USD</td>
<td>= VE-CL-01 total</td>
<td>_______</td>
</tr>
<tr>
<td>10020 VE-CL-02</td>
<td>_______ x $800 USD</td>
<td>= VE-CL-02 total</td>
<td>_______</td>
</tr>
<tr>
<td>10030 VE-CL-03</td>
<td>_______ x $800 USD</td>
<td>= VE-CL-03 total</td>
<td>_______</td>
</tr>
</tbody>
</table>

* VE-Insect Sf9 Cell Line: for highly stable proteins (1x10^7 cells/ml)
* VE-Insect Sf9 Cell Line: for highly unstable or toxic proteins (1x10^7 cells/ml)
* VE-Insect Sf9 Cell Line: for proteins of unknown stability or toxicity (1x10^7 cells/ml)

* $40 Handling Fee and Prepaid Shipping Charges will be added to the invoice.

VE-Insect Sf9 cell lines will ship on dry ice via Priority Express.

## VE-Transfer Vectors #20010, #20020, #20030

<table>
<thead>
<tr>
<th>Product #</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20010 pAcVE1</td>
<td>_______ x $350 USD</td>
<td>= pAcVE1 total</td>
<td>_______</td>
</tr>
<tr>
<td>20020 pAcVE.02</td>
<td>_______ x $350 USD</td>
<td>= pAcVE.02 total</td>
<td>_______</td>
</tr>
<tr>
<td>20030 pAcVE.03</td>
<td>_______ x $350 USD</td>
<td>= pAcVE.03 total</td>
<td>_______</td>
</tr>
</tbody>
</table>

* Vankyrin-Enhanced Baculovirus Transfer Vector: Honey Bee Melittin (HBM) signal for direct secretion and N-terminal 8x His-tag for ease of purification
* Vankyrin-Enhanced Baculovirus Transfer Vector: Honey Bee Melittin (HBM) signal for direct secretion and optional C-terminal 6x His-tag for ease of purification

* $10 Handling Fee and Prepaid Shipping Charges will be added to the invoice.

VE-Transfer Vectors will ship via Ground or International Economy unless otherwise requested.

## VE-BEVS Product Subtotal

* VE-Cell Line _______ + ** VE-Transfer Vector _______ = */** Subtotal _______
NOTE: * denotes required field of entry

*Date: ____________________________  *Name: ____________________________

*Company: ____________________________  *Fax: ____________________________

*Ship To Email: ____________________________  *Bill To Email: ____________________________

*Purchase Order No. ____________________________  End-User Email: ____________________________

Payment Terms: Net30 Days from Date of Invoice. Late Fees of 1.5% per 30 days past due will be added to the invoice and rebilled.

*Complete Ship To Address: ____________________________

*Complete Bill To Address (if different than Ship To): ____________________________

Visa or MasterCard Accepted

Credit Card Acquisition Fee Added to Invoice Total

• 3% for Domestic (USA) Credit Cards  • 4% for International Credit Cards

Credit Card Type:  Visa ___  MasterCard ___  *Expiration Date ____________  *Security Code ____________

*Credit Card Number: ____________________________  *Credit Card Billing Zip Code ____________

*Name as appears on credit card: ____________________________

Electronic Payments Accepted

☐ $35 USD Bank Fee will be added to invoice if paying by Electronic Wire Transfer

• Bank Details Given upon Request of Purchaser

• Order Will Ship Upon Receipt of Payment

Thank You For Your Order!

Revised: 05/23/2017