## 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>
</table>
| 10010 VE-CL-01 | ______ x | $800 USD | = VE-CL-01 *
| 10020 VE-CL-02 | ______ x | $800 USD | = VE-CL-02 *
| 10030 VE-CL-03 | ______ x | $800 USD | = VE-CL-03 *

*Ve-Cell Line subtotal_________

*Ve-Cell Line 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>
</table>
| 20010 pAcVE1 | ______ x | $350 USD | = pAcVE1 *
| 20020 pAcVE02 | ______ x | $350 USD | = pAcVE02 *
| 20030 pAcVE03 | ______ x | $350 USD | = pAcVE03 *

**Ve-Transfer Vector subtotal_________

**Ve-Transfer Vector will ship via Ground or International Economy unless otherwise requested.

### VE-BEVs Product Subtotal

\[ \text{VE-Cell Line} \times \text{VE-Transfer Vector} = \text{Subtotal} \]

(continued on page 2)
**Applicable Handling Fee (from Page 1) and Prepaid Shipping Charges will be added to the invoice.**

**NOTE: * denotes required field of entry**

*Date: ________________  *Name: ________________

*Company: ____________________  *Fax: ____________________

*Tel: ____________________  *Bill To Email: ____________________

*Ship To Email: ____________________  *Purchase Order No. ____________________  End-User Email: ____________________

Payment Terms: Net 30 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

3.5% Credit Card Acquisition Fee Added to Invoice Total

Credit Card Type:   Visa ___  MasterCard ___  *Expiry Date __________  *Security Code ________

*Credit Card Number: ____________________  *Credit Card Billing Zip Code ________

*Name as appears on credit card: ____________________

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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

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Thank You For Your Order!

Revised: JAN 2019