

**Order Form (Canadian shipments only)**

**SHIP to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**Billing Information**



For credit card payment, please fax us this form and we will confirm your order by email.  
Fax number: (519) 843-2928

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card Expiry Date: \_\_\_\_ / \_\_\_\_

Purchase Order #: \_\_\_\_\_

Customer's Fedex Account No. (optional): \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Phone: 519-843-2918 Fax: 519-843-2928 Toll free: (877) 4-GALLUS Email: [info@gallusimmunotech.com](mailto:info@gallusimmunotech.com)

## Peptide Order Form



**Peptide No. 1** Peptide Name : \_\_\_\_\_  
Peptide Sequence : N-

-C

Quantity : \_\_\_\_\_ mg Purity : \_\_\_\_\_ %

Residue Modifications (acteylation, amidation etc.) :

Conjugation : \_\_\_\_\_ KLH \_\_\_\_\_ BSA **Price** (please see Price List)..... \$ \_\_\_\_\_

**Peptide No. 2** Peptide Name : \_\_\_\_\_  
Peptide Sequence : N-

-C

Quantity : \_\_\_\_\_ mg Purity : \_\_\_\_\_ %

Residue Modifications (acteylation, amidation etc.) :

Conjugation : \_\_\_\_\_ KLH \_\_\_\_\_ BSA **Price** (please see Price List)..... \$ \_\_\_\_\_

**Peptide No. 3** Peptide Name : \_\_\_\_\_  
Peptide Sequence : N-

-C

Quantity : \_\_\_\_\_ mg Purity : \_\_\_\_\_ %

Residue Modifications (acteylation, amidation etc.) :

Conjugation : \_\_\_\_\_ KLH \_\_\_\_\_ BSA **Price** (please see Price List)..... \$ \_\_\_\_\_

**Sub-total** : \$ \_\_\_\_\_

**5% GST\*** : \_\_\_\_\_

**Shipping\*\*** : \$ \_\_\_\_\_

**Balance Due** : \$ \_\_\_\_\_

\* 5% GST for Canadian orders

\*\* \$35 US for shipments within Canada... or provide your Fedex on the first page.