



**ProFoldin Protein Folding Services**

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FAX: 508-845-9258  
Phone: 508-735-2539

# Customer Order Form

Date \_\_\_\_\_

Please fax the completed order form to ProFoldin at 508-845-9258. Thank you.

**Product Information**

| Catalog # | Description | Quantity |
|-----------|-------------|----------|
|           |             |          |
|           |             |          |
|           |             |          |
|           |             |          |

**Shipping Information**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Billing Information**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Payment Information**

PO number if available \_\_\_\_\_  
TAX exemption ID if available \_\_\_\_\_

For credit card payment, please provide the following information:

Credit card type \_\_\_\_\_ Visa / MasterCard / Discover / AmerEx  
Name on Credit card \_\_\_\_\_  
Credit card # \_\_\_\_\_  
Expiry Date (Month/Year) \_\_\_\_\_  
CVV (Security code) \_\_\_\_\_