



ParaTechs Corporation
1122 Oak Hill Drive, Suite 100
Lexington, KY 40505 USA

ParaTechs™ Corporation
VE-Transfer Vectors
Product & Kit Order Form

Email, Phone or Fax Completed Order Form to:
sales@paratechs.com • Tel. 1-859-317-9213 • Fax 1-859-317-9452

VE-BEVS (Vankyrin-Enhanced Baculovirus) Transfer Vectors

VE-Transfer Vectors

- Product # 20010 pAcVE1** Quantity: _____ x Unit Price \$350 = pAcVE1 subtotal _____
Vankyrin-Enhanced Baculovirus Transfer Vector
- Product # 20020 pAcVE.02** Quantity: _____ x Unit Price \$350 = pAcVE.02 subtotal _____
Vankyrin-Enhanced Baculovirus Transfer Vector: Honey Bee Melittin (HBM) signal for direct secretion and N-terminal 8x His-tag for ease of purification
- Product # 20030 pAcVE.03** Quantity: _____ x Unit Price \$350 = pAcVE.03 subtotal _____
Vankyrin-Enhanced Baculovirus Transfer Vector: Honey Bee Melittin (HBM) signal for direct secretion and optional C-terminal 6x His-tag for ease of purification
- Product # 20040 Transfer Vector Kit** Quantity: _____ x Unit Price \$750 = Kit subtotal _____
VE-BEVS Transfer Vector Kit includes pAcVE1, pAcVE.02 and pAcVE.03

VE-BEVS Transfer Vector United States Patent 7,629,160

VE-Transfer Vectors & Kit Total _____

Unless otherwise requested mNSET 60010 will ship via UPS Ground or UPS Worldwide Saver. All prices are \$USD.
\$10 Domestic or \$20 International handling fee + prepaid shipping charges are added to invoice subtotal.
Recipient is responsible for paying all international customs duties and taxes upon import.

NOTE: * denotes required field of entry

*Date: _____ *Name: _____

*Company: _____

*Tel: _____ *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): _____

Credit Cards Accepted: Visa • MasterCard • AmEx • Discover

*Credit Card Number: _____ *Credit Card Billing Zip Code _____

*Expiration Date _____ *Security Code _____

*Name as appears on credit card: _____

Electronic Payments Accepted

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

• Bank Details Sent Separately by Email • Net30 Day Payment Terms

Thank You For Your Order!

Revised: OCT 2021

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