

# Order form



Dear valued customer,

thank you very much for your order.

Please return the completed form to PolyQuant via E-mail ([info@polyquant.com](mailto:info@polyquant.com)) or fax (+49-9405-96999-28).

## I would like to order:

### Product

### Amount

**PQ-TE-01:** human recombinant Tropoelastin, 1 mg

**PQ-TE-02:** human recombinant Tropoelastin, 10 mg

**PQ-TE-03:** human recombinant Tropoelastin, 50 mg

Other, please specify:

### Select your preferred shipping option:

A shipping charge will be added to your order.

For more information please visit our [website](#).

**Please enter your contact information:**

Delivery address:	<b>Name</b>	<input type="text"/>
	<b>Position</b>	<input type="text"/>
	<b>Company/Institute</b>	<input type="text"/>
	<b>Street Address</b>	<input type="text"/>
	<b>Zip Code</b>	<input type="text"/>
	<b>City</b>	<input type="text"/>
	<b>Country</b>	<input type="text"/>
	<b>Telephone/Fax</b>	<input type="text"/>
	<b>E-mail</b>	<input type="text"/>
<b>VAT ID (EU)</b>	<input type="text"/>	

Billing address (if different from above):	<b>Name</b>	<input type="text"/>
	<b>Company/Institute</b>	<input type="text"/>
	<b>Street Address</b>	<input type="text"/>
	<b>Zip Code</b>	<input type="text"/>
	<b>City</b>	<input type="text"/>
	<b>Country</b>	<input type="text"/>
	<b>Telephone</b>	<input type="text"/>
	<b>VAT ID (EU)</b>	<input type="text"/>