



# CAPTISOL RESEARCH GRADE

Order Sheet

Catalog No.	Package Size	Price (USD)	Quantity	Extended Price
RC -0C7- 020	Starter Kit 20 grams	\$100.00		\$
RC - 0C7 - 100	100 grams	\$350.00		\$
RC - 0C7 - 500	500 grams	\$1,300.00		\$
RC - 0C7 - K01	1 Kilogram	\$2,050.00		\$
RC - 0C7 - K05	5 Kilogram	\$8,800.00		\$
RC-0C7-K20	20 Kilogram	Please call		\$

Prices, Unit Size, and Availability are subject to change. Orders can be made with a Credit Card or Purchase Order.

Ligand standard shipping terms of FCA – Lawrence, KS apply, unless otherwise specified.

Orders are processed within 3 business days upon receipt of order.

\*Rush shipping available for an additional fee. Please call for more information\*

All payment terms are NET 30 days from date on invoice.

### Billing Address

Company: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Shipping Address (if different from billing)

Company: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Purchase Order Number \_\_\_\_\_

Project \_\_\_\_\_

### MUST BE COMPLETED TO PROCESS ORDER

<b>Purpose for Product</b>		
<input type="radio"/> Formulation	<input type="radio"/> QC	<input type="radio"/> Toxicology/ Safety
<b>*International Orders Only</b>		
<input type="radio"/> Submit Invoice Electronically	<input type="radio"/> Invoice to Accompany Shipment	<input type="radio"/> N/A

### Credit Card Information

(Billing Address for credit card MUST match above)

Master Card    Credit Card Number: \_\_\_\_\_    Exp. Date: \_\_\_\_\_  
 Visa  
 Amex    Card ID#: \_\_\_\_\_    Signature: \_\_\_\_\_

### Shipping Instructions

2<sup>nd</sup> Day     Overnight     Economy     \*International    Requested Delivery Date: \_\_\_\_\_  
(will override service type selection)

### Shipping Charges

Carrier & Account or Credit Card Number: \_\_\_\_\_

If no account number is provided, then order will be sent "Prepaid & Add"

- Prepaid & Add
- Bill Recipient
- Bill 3<sup>rd</sup> Party
- Shipment Value Insurance Requested (will be included in shipping charges)

### Special Instructions:

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

\*\*\*\* Any Return Require Prior Approval. Restocking Fee Applies\*\*\*\*