

**ProteoGenix**

19 rue de La Haye
67300 Schiltigheim, France
Tel +33 3 90 20 54 70
Fax +33 (0) 978 53 36 90
products@proteogenix.fr

ONLINE QUOTATION N°11398

Francesco Tasso
Università del Piemonte
Orientale
Italy
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Date of the quotation: 16/07/2025
Validity time: 45 days

Ref	Description	Amount	Price
SKU: 1002424	Nycodenz AG®	1	€412.00
SubTotal		€412.00	
Shipping Room Temperature		€29.90	
Total Amount		€441.90 (VAT not included)	

VAT not included, make sure to include the 20% VAT where applicable.

This quote is valid for 45 days (except for quote with special Promotional Code which is valid until the validity date of the code).

By choosing us, you settle on a partner committed to sustainability, using low-CO2 transport solutions, to contribute to a more eco-friendly future!

HOW TO PLACE AN ORDER:

There are 3 possible ways to place your order.

You just have to **send us your formal purchase order:**

1. By fax: +33 (0)978 53 36 90
2. By email: order@proteogenix.fr
3. By regular mail: ProteoGenix SAS, 19 rue de La Haye, 67300 SCHILTIGHEIM, FRANCE

Note: Please use the “**CUSTOMER PURCHASE ORDER FORM**” below if you do not have an official one from your administration

In any case, please make sure it specifies:

1. The name of the purchaser
2. The price offer/quotation number
3. The billing address
4. The delivery address
5. The intracommunity V.A.T number if applicable

Please join this offer filled in, initialled and signed

USEFUL INFORMATION ABOUT OUR SERVICES:

- Our products and services are intended for **laboratory research use only**.
- This **quote is valid for 45 days** (except for quote with special Promotional Code which is valid until the validity date of the code).
- For EU customers, VAT registration number will be necessary for VAT exclusive order.
- By placing this order, you agree with the **Terms and Conditions** which can be found at: <https://www.proteogenix.science/terms-of-sale/>
- **Delivery time** has to be considered as estimation only; it does not reflect any production difficulties, if so encountered. Please be sure that ProteoGenix will do its best to deliver as fast as possible!
- Full pre-payment is required for polyclonal antibodies service.

USEFUL INFORMATION ABOUT PROTEOGENIX:

- SIRET: 444 773 717 00061
- EU VAT registration number: FR27444773717
- Company registration number: RCS Strasbourg 03 B 124
- Bank information:
Branch name: CCM Illkirch Graffenstaden
RIB: 10278 01227 00030586245 57
IBAN: FR76 1027 8012 2700 0305 8624 557
BIC: CMCIFR2A

You can pay by :

- Wire transfer
- Credit card
- French checks only (We can accept international checks if customer is willing to cover our bank fees of 25 euros. In such case, customer should inform ProteoGenix of its intention to pay by international check before ordering in order to include that cost in the quotation and customer's order.)

CUSTOMER PURCHASE ORDER FORM

The formal PO from your administration is preferred, please, use this PO form only if you don't have one.

Online Quotation number:11398

Date:

Purchase Order Number:

VAT number (for EU customers):

Authorized Purchaser Name and Title:

Phone number:

SHIP TO:

BILL TO (if different from "SHIP TO"):

Product Description	Total Price
Nycodenz AG®	€441.90 (VAT not included)

By submitting this Purchase Order, customer understands and agrees that all products purchased from ProteoGenix are to be used exclusively for laboratory research use only and confirms he has read and accepted our Terms and Conditions which can be found at: <https://www.proteogenix.science/terms-of-sale/>

Payment terms: 30 days, net from invoice date by wire transfer

Bank information:

Domiciliation: CCM Illkirch Graffenstaden

RIB: 10278 01227 00030586245 57

IBAN: FR76 1027 8012 2700 0305 8624 557

BIC: CMCIFR2A

Intracom VAT #: FR27444773717

For Credit Card Purchase, please complete Credit Card Authorization Form below.

You can pay by :

- Wire transfer
- Credit card
- French checks only (We can accept international checks if customer is willing to cover our bank fees of 25 euros. In such case, customer should inform ProteoGenix of its intention to pay by international check before ordering in order to include that cost in the quotation and customer's order.)

I hereby declare and confirm that I am an authorized purchaser and I wish to order products indicated in the following purchase order.

Signature:

Credit Card Authorization Form

All information will remain confidential.

Cardholder Name:

Phone Number:

Credit Card Type (Visa/MasterCard):

Credit Card Number:

Expiration Date:

Card Identification Number (last 3 digits on the back):

Amount to Charge (in Euros):

Online Quote Number: 11398

I authorize ProteoGenix to charge the agreed amount listed above to my credit card provided herein.

I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Date:

Name:

Signature:

Once signed return the completed form by fax: +33 (0) 978 53 36 90, or by email: order@proteogenix.fr