

Sales Quotation

14 July, 2006

Your Reference:	Our quotation reference no: Q0607_SSPM_006
	Delivery Terms: CIF Connecticut - USA
To: Igor Senderovich	Photonique Responsible for this Quotation:
University of Connecticut Physics Department PLEASE PROVIDE MAILING ADDRESS Tel. PLEASE PROVIDE PHONE NO.	David McNally Tel: +41 79 412 7742 Fax: +33 4 5056 4424 email: dmcnally@photonique.ch

Thank you for your inquiry. We are pleased to quote you the following.

Quantity	Description	Unit Price	Amount
3	SSPM_050701GR_TO18 - Green-Red	€ 135.00	€ 405.00
2	SSPM_0606GR4MM_PCB - 2.1 x 2.1mm GR on PCB package	€ 235.00	€ 470.00
0	AMP_0604 - Amplifier circuit	€ 17.50	€ 0.00
Subtotal			€ 875.00
Volume Discount (0%)			€ 0.00
VAT/Sales tax (0%)			€ 0.00
Shipping & Handling			€ 55.00
Total Due			€ 930.00

Notes:

- Delivery terms: Shipment upon receipt of signed Purchase Order - Please fax to: +33 4 5056 4424
- Payment terms are 30 days net from date on invoice when paying by wire transfer
- Payment by credit card (Visa & MasterCard only): Debit prior to shipment of devices
- All orders outside of Switzerland are shipped using TNT speed mail (www.tnt.com)
- Each SSPM will be provided with data on optimal bias voltage setting and expected dark current
- With shipment we provide instructions for use including suggested bias and amplifier circuit
- Devices are tested extensively prior to shipment. If a device is damaged during shipping we replace it at no cost during 14 days after arrival at customer premises. Defective device needs to be returned to Photonique prior to replacement.

We will be happy to supply any further information you may need and trust that you call on us to fill your order, which will receive our prompt and careful attention.

Note: This Sales Quotation is valid for thirty (30) days from date of issue.

Credit Card Purchase Order

Your Reference:	Our quotation reference no: Q0607_SSPM_006
Your PO reference no: _____	Our PO reference no: CC0607_SSPM_006
Igor Senderovich	
University of Connecticut Physics Department PLEASE PROVIDE MAILING ADDRESS Tel. PLEASE PROVIDE PHONE NO.	Please complete this form and fax it back to: +33 4 5056 4424

(Please complete this form with black ink or ballpoint pen)

Authorized charge amount: **€930.00 (Euro Nine hundred and thirty ----)**

Card type: MasterCard Visa

Card Number:

Expiration Date: / (mm / yy)

Name as it appears on Credit Card: _____

Three digit security code:

Place & Date: _____

Cardholder Signature: _____