

## ORDER FORM

### Customer Information

Name	Phone
Company name	Fax
Billing Address (street, city, state, zip)	
Country	VAT Number (for commercial customers in the EU)
E-Mail (software will be delivered to this address)	

### Product

Product	Quantity	Price	Subtotal
<input type="checkbox"/> iHCOPY – Single User License			
<input type="checkbox"/> iHCOPY – 20 License Package			
<input type="checkbox"/> iHCOPY – 100 License Package			
<i>Total</i>			
+ 20 % VAT*			
<i>Grandtotal</i>			

\*No VAT for customers from outside the EU, for private customers in the EU and for business customers with a valid VAT-number.

### Payment

Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
Credit Card Number	Expiration Date	Billing Address
Name on Card		

### Delivery

The software will be delivered by email to the above given email address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FAX THIS ORDER FORM to +43 (7252) 46306-18