

FAX ORDER FORM

Send it back to fax: +49 40 547 547 39

We prefer that you type the information into the form and then print it.
If you print the form and then fill it in by hand, we may have problems reading the faxed copy and this could result in an error in your order. Thank you for your co-operation.

You are about to order the following products:

Product License	Shipping	Qty.	Net [Euro]	Net Value [Euro]
AS2Doc Single License	E-Mail			
AS2Doc Single License (2 Copies)	E-Mail			
AS2Doc Single License (3-8 Copies)	E-Mail			
AS2Doc Single License (over 9 Copies)	E-Mail			
AS2Doc Site License	E-Mail			

TOTAL:

VAT is charged for EU customers, unless a valid VAT ID is provided when ordering.
VAT is always charged for German customers.

Billing Address

Company: _____

Last Name: _____

First Name: _____

E-Mail: *) _____

*) With a few exceptions, all of our programs are send out by e-mail. If you do not enter an e-mail address, we may not be able to process your order or communicate with you.

Phone: _____

Fax.: _____

Street Address: _____

Additional Address Information: _____

ZIP / Postal Code and City: _____

State / Province: _____

Country: _____

VAT-ID: _____

VAT is charged for customers in the EU unless a valid VAT ID is provided when ordering.

After receiving your order by fax, we will send you an invoice by fax within 24 hours.
Reference number for your order and information regarding payment will be shown.

Place and Date

Signature