

# Order Form

<b>Sales Partner (SP):</b>	
SP ID Number	
First Name, Surname	

<b>Client: Invoice address:</b>			
Title, First Name, Surname	Mr.		Mrs.
Address			
Postal/Zip Code, City		Country	
Tax Exempt Number		Fax	
Phone		Mobile	

<b>Client: Delivery address: (to be completed only if the address is different from the above)</b>			
Title, First Name, Surname	Mr.		Mrs.
Address			
Postal/Zip Code, City			

Art.No.	Description	Price	Units	Total
Transport cost				
TOTAL AMOUNT EXCL. GERMAN V.A.T. 19%				
TOTAL AMOUNT INCL. GERMAN V.A.T. 19%				

**Method of Payment:**

credit card     
  Mastercard     
  Visa     
  American Express     
  Discover

pre-payment via bank transfer

Credit Card No.

Valid Until   /       
 Security Number

<b>Place/Date</b>	<b>Signature</b>
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