



Fax Order form – VISUAL LOCALIZE:

Billing address:

* required information

Company: * _____	ZIP: * _____
Department: _____	Country: * _____
First name: * _____	Phone: * _____
Last name: * _____	FAX: * _____
Street: * _____	E-mail: * _____
_____	VAT-No.: * _____
City: * _____	(Value Added Tax No. within the EU)

Shipping address (if different from billing address):

Company: _____	ZIP: _____
Department: _____	Country: _____
Name: _____	Phone: _____
Street: _____	FAX: _____
_____	E-mail: _____
City: _____	

Your purchase order:

Amount	Product description	Single price (see website: www.visloc.com)
_____	_____	_____ EUR
_____	_____	_____ EUR
_____	_____	_____ EUR
_____	_____	_____ EUR

Payment method:

Cash on delivery (only accepted within Germany)

Invoice

Credit card

Type of credit card: Mastercard VISA

Credit card number: _____

CVV2 / CVC2 No.: _____ (last 3 digits on the signature strip on the back of your creditcard)

Expiry date: Month: _____ Year: _____

Please fill out this order form and send it back via fax: +49 711 49066-440. Thank you.

Current Date: _____ Your signature: _____