Avisoft Bioacoustics Order Form (for advance payment)

Please PRINT this order form, then fill in your order and details and POST or FAX to Avisoft Bioacoustics at the address below.

Avisoft Bioacoustics e.K., Schönfließer Str. 83, 16548 Glienicke/Nordbahn, Germany, Fax ++49 33056 426087

PART#	ITEM		QUANTITY	UNTI PRICE	EXTENDED PRICE
	shipping and handling				
	credit card payment surcharge				
				TOTAL	
Quotation	number:			·	
Customer	s in Germa	any: add 19% VAT to the total amount			
Tax identi	fication nu	mber (or VAT No for EU customers outside	Germany):		
		Billing Address	Delivery	Address (if diff	erent)
	Name			·	·
Department / Faculty					
University / Company					
Address					
City / Town					
Postcode / Zip					
	Country				
	EMail				
	Telephone				
Card type	: Visa	a MasterCard American Express			
Card num	ber:				
Expiration	date:	. /			
CVC / CVV / CSC number:					
Signature:					

Please note: For amounts higher than 300 Euros, a credit card payment surcharge of $6.0\,\%$ will be added.