



Order form

Prices¹ effective 1 January 2012

RheoPower - DeskTop Package

The software shall be licensed to:

Company/University: _____ academic/non-profit organization²

Department/Institute: _____

License (Place mark with a cross):

	<input type="checkbox"/> Normal Price ¹	<input type="checkbox"/> Reduced Price ^{1,2}
<input type="checkbox"/> One-year single license	600.00 EUR	300.00 EUR
<input type="checkbox"/> One-year site license ³	900.00 EUR	450.00 EUR
<input type="checkbox"/> Single license	1,900.00 EUR	950.00 EUR
<input type="checkbox"/> Site license ³	3,800.00 EUR	1,900.00 EUR

¹ Prices do not include taxes, which may be due.

² Reduced prices (50% discount) are only available for academic/non-profit organizations!

³ Unlimited number of installations

Contact:

Name: _____

Phone/Fax: _____

E-mail: _____

Billing address: _____

Shipping address: _____ Same as billing address

VAT number (for members of the European Community only):

If you are purchasing from inside the European Community on behalf of your company or institute, please supply your VAT (or equivalent) number. Failure to do so will result in charging of 22% value added tax.

VAT: _____

Shipping method (for shipping outside Europe only):

If you are purchasing from outside Europe, please specify the shipping method you prefer:

UPS (shipping costs: 80 EUR)

Pick-up at TomCoat office by courier service engaged by you

Please specify courier service and scheduled date/time: _____

Courier service of your choice (e.g. UPS, FedEx) using your corresponding customer number for payment

Courier service: _____ Your customer number: _____

E-mail (no shipping costs)

You will receive a license file by e-mail which must be applied to the demonstration version downloaded from our web page. Invoice and license certificate are included as Acrobat Reader PDF files in the delivery e-mail. A paper invoice is available on request.

Payment method:

Invoice (purchase order)

Cheque

Credit card

Card type: MasterCard VisaCard American Express

Card number: -----

Cardholder's name: _____

Expiration date: _____ Month _____ Year

Purchase order number:

If required by your institution or administration, you can give a purchase order number here which will appear on all invoices and delivery notes.

Purchase order no.: _____

Please return the filled form either by fax or conventional mail to the address mentioned above.

Date

Signature