

PURCHASE ORDER FORM

To be returned completed to TECHTOMED
(contact@techtomed.com)

TECHTOMED SAS
6 rue Baudelaire
78960 Voisins-le-Bretonneux
FRANCE

USER INFORMATION

First name _____ Last name _____
Company _____ Function _____
Address _____
Zip code _____ City _____ Country _____
Email _____
Tel _____

Option A

Option B

Quantity _____

OPTION A Single User License	2 000€ <small>Exclusive of taxes</small>	Industries, Large companies (>50 employees) PDF
OPTION B Single User License	1 500€ <small>Exclusive of taxes</small>	Startups, Small & Medium companies (<50 employees), Public Institutions PDF

- ◇ These prices include 1 single user license of the document in a secured PDF format.
- ◇ These prices are exclusive of taxes, a VAT will be applied accordingly to the country of destination.
- ◇ For an extended license (multiple users, within the same department or company) or any other specific requirement, please contact us.

Are you going to issue your own company purchase order : YES NO

Billing Company _____

Billing address _____

VAT Number _____

Zip code _____ City _____ Country _____

I agree to receive TechToMed Newsletter

GOOD FOR AGREEMENT

You will receive an invoice and a report access after the PO validation

Date : _____

Signature

Company stamp