

PURCHASE ORDER FORM

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

USER INFORMATION

Company _____ Function _____
Contact name _____
Address _____
Zip code _____ City _____ Country _____
Email _____
Tel _____

- Option 1: A single license in a secured PDF
 Option 2: An extended* license with a PDF and a ppt
*For an entire company

These prices are exclusive of taxes, a VAT will be applied accordingly to the country of destination.

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

