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Order Form

Please complete the following and fax to +30-210-6233211.

Date:
Name:
Shipping Address:
E-mail:
VAT number (if available): (for European Union addresses only)

Please check the item(s) you desire:

Item	Price (Euro)
<input type="checkbox"/> Viewbox Cephalometric Software	€ 1100.00
<input type="checkbox"/> MorphE Patient Education Software	€ 180.00
VAT (24%), if shipped within the European Union: (unless a valid VAT number is supplied above)	<input type="text"/>
Total:	<input type="text"/>

Credit Card: VISA MasterCard American Express:

_____ - _____ - _____ - _____

Expiry date: ____ / ____ CVV2 Number: ____

If you prefer to pay by bank transfer, please email us for details.
Please read our Privacy Policy, for compliance with the GDPR, on our website.

Signature (orders cannot be processed without a signature): _____

- Have you added VAT to the total amount? (EU countries). Please note that if you provide a valid VAT number, we will not add the VAT amount, but you will have to pay the corresponding tax in your home country later.
- CVV2 Number: The last three digits that appear on the back side of the credit card, inside the signature area.