

6 Menandrou Street,
Kifissia 145 61,
Greece
Fax: +30-210-6233211

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 style="width: 80px; height: 20px;" type="text"/>
Total:	<input style="width: 100px; height: 20px;" type="text"/>

Credit Card: VISA MasterCard American Express:

_____ - _____ - _____ - _____

Expiry date: __ __ / __ __ CVV2 Number: __ __ __

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.