



## ORDER FORM

*Please fill in the following information to purchase an order.*

### Shipping address

Company \_\_\_\_\_ Customer purchase No.: \_\_\_\_\_  
Your name \_\_\_\_\_  
Address \_\_\_\_\_ VAT No. (for customers inside EU): \_\_\_\_\_  
Postal code \_\_\_\_\_  
City \_\_\_\_\_ Telephone/Email: \_\_\_\_\_  
Country \_\_\_\_\_

*Do you have a different billing address? Please fill in below. If you have the same as the shipping address, please leave empty. The sales and deliveries are subjected to EURIS General Conditions of Sale and Warranty.*

### Billing address

Company \_\_\_\_\_  
Your name \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_

### Order list

Product no	Product name	Quantity	Unit price	Total

\_\_\_\_\_  
City, date

\_\_\_\_\_  
Signature

**Please fax to +46-46 286 24 99**