

Collector

Order form

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Please fax this order form to the following number

+49 228-20 16 02 9

1 Please compute your order

| Product | Unit Price | Quantity | Total Price |
|------------------------|------------|----------|-------------|
| Collector Software | 650.00 USD | _____ | _____ |
| Additional PDA License | 290.00 USD | _____ | _____ |

2 Method of Payment

- Credit Card → **3**
 Purchase order (please attach purchase form) → **4**

| | |
|--------------|-----------|
| Sub-Total | _____ |
| S&H | 20.00 USD |
| Total | _____ |

3 Credit Card Data

Charge to: Mastercard VISA Expiration date: _____

Account Number: _____

Cardholder Name (Please Print) _____

Cardholder Address: _____

City/State/ZIP: _____ Signature: _____

4 Shipping address

Name: _____

Address: _____

City/State/ZIP: _____

5 Billing address (if different from shipping address)

Name: _____

Address: _____

City/State/ZIP: _____

6 Date and Signature: _____

Thank you for your order!