

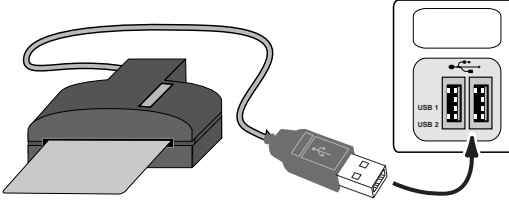


Card Reader Order Form

Fax to (+32) (0)2 545 17 19

Subscription number: User-ID: User names:	
Company name:	Contact person in your organisation:
Tel. Contact person:	Fax Contact person:
<i>In CAPITAL letters</i>	

Indicate the reason for your order with a tick. This is mandatory for your order to be taken into consideration.

DESCRIPTION	REASON FOR THE ORDER	UNIT PRICE	QUAN-TITY	TOTAL
USB Card Reader 	<input type="checkbox"/> Lost <input type="checkbox"/> Spare <input type="checkbox"/> Damaged <input type="checkbox"/> Migration to Isabel Business Suite 5.0	70.74 EUR per Reader		
<i>*Prices are VAT excl. You will receive a separate invoice for this amount.</i>				= EUR*

Please deliver the card reader to:

Name of the receiver:

Street: N°.: PO:

Postal code: Town/City:

Country:

DATE:

SIGNATURE: