

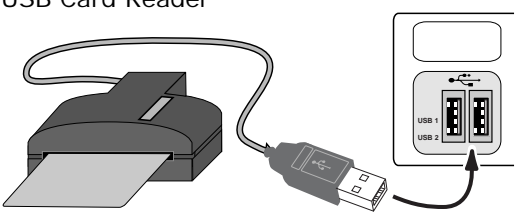


# Card Reader Order Form

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

<b>Subscription number:</b> ..... User-ID: ..... User names: .....	
<b>Company name:</b> .....	<b>Contact person in your organisation:</b> .....
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"/> Isabel 6	70.74 EUR per Reader		
<i>* Prices are VAT excl. You will receive a separate invoice for this amount.</i>				= <b>EUR*</b>

**Please deliver the card reader to:**

Name of the receiver: .....

Street: ..... N°.: ..... PO: .....

Postal code: ..... Town/City: .....

Country: .....

DATE:  
SIGNATURE: