

ORDER FORM

Date:/...../.....

Invoice data:	
Name/Company:	
Address (street+no):	
Zip/Postal Code:	
City:	
VAT Number	
Contact name:	
Phone:	
E-mail:	
Delivery address:	
Address:	
Contact name:	
Daytime Phone:	
Ordered products:	
1. CodeNo of pieces	4. Code No of pieces
2. Code No of pieces	5. CodeNo of pieces
3. Code No of pieces	6. Code No of pieces
Payment methods:	
PayPal Credit Card	
Observations:	

* Please complete and fax or scan/email: international@artimexsport.com to us!

Thank You for your Business!