

## 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. Code .....No of pieces .....	4. Code ..... No of pieces .....
2. Code ..... No of pieces .....	5. Code .....No of pieces .....
3. Code ..... No of pieces .....	6. Code ..... No of pieces .....
<b>Payment methods:</b>	
PayPal Credit Card	
Observations:	

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

**Thank You for your Business!**