

MERLIN OPEN SYSTEMS

ORDER FORM

Customer Details			
Title (Mr, Mrs, Dr etc)	_____	Last name	_____
First name	_____	Initial	_____
Job title	_____		
E-mail address	_____		
Company name	_____		
Address	_____		

City	_____	County (UK) / State	_____
Post / ZIP code	_____	Country	_____
Telephone:	Country code _____	Area code _____	Number _____ Extension _____
Facsimile:	Country code _____	Area code _____	Number _____ Extension _____

Delivery	Deliver by	E-mail	Post to:
E-mail address:	As above	else specify:	_____
Postal address:	As above	else specify below:	
Contact name	_____		
Address	_____		

City	_____	County (UK) / State	_____
Post / ZIP code	_____	Country	_____

Product — Specify Platform and Version	Quantity	Unit price (£)	Net cost
Customer location:			Delivery
VAT number			Sub-total
VAT rate*			VAT*
			TOTAL
			£

Payment Details				
I wish to pay by:	cheque (payment enclosed)	Mastercard	Visa	Delta
Card Details		(MM/YY)		(MM/YY)
Card Number	_____	Valid From	_____	Expires End
Name on Card	_____	Card Security Code (on signature strip)	_____	
Card holder's Address	_____			

Signature	_____	Date	_____	