



# Order Form

**Yes I hereby confirm my order for The Pharmacokinetic Cube (single-user license)**

Please email at [contact@astral.ch](mailto:contact@astral.ch) to acquire the Corporate license

## 1. Billing Info (\*required):

Company Name                      First\*                                      Last\*

Adress\*

City\*                                      State                                      Postal Code\*

Country\*

Email\*

Phone                                      Fax

## 2. Currency, Shipping Fees and payment options (\*required):

Select your currency\*  
CD-ROM Shipping\*

Amount
Shipping fees
_____
<b>Total amount</b>

Promotion code

### Payment method\*:

Check (make payable to Astral)

Wire transfer (see instruction below)

Credit card

VISA                      MASTERCARD

Name cardholder

Credit card number

Expiry date credit card (mm/yy)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill and return this form to:  
TROPIMED c/o Astral Corp.  
P.O. Box 142  
CH-1211 Geneva - Switzerland  
or fax to: 0041 22 718 96 41

### Wire transfert instructions:

UBS AG  
Account #:  
IBAN #:  
BIC #: UBSWCHZH 80A