

tropimed®PDA Order Form

Yes I hereby confirm my order for 1 tropimed®PDA single user licence

For additional information on multiple licenses, please contact us.

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*
Shipping*

Standard subscription rate

Total amount:

Cust. ID

Payment method:

Check (make payable to Tropimed)

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 #: UBSSWCHZH80A