

# Tropimed Order Form

Yes I hereby confirm my renewal for 1 tropimed single user licence

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

Company Name                      First                      Last

Adress

City                      State                      Postal Code

Country

Email\*

Customer ID\*                      Tropimed® Internet Password\*

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

Select your currency\*  
CD-ROM Shipping\*

Annual subscription rate
Shipping fees
_____
<b>Total amount</b>

Promotion code

### 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 #: UBSWCHZH 80A