

## Order Form

(23.03.2010)

- For customers located in the **USA, Canada** or **Australia** only -

### Billing address

Name/Clinic:	<input type="text"/>	Customer No.:	<input type="text"/>
Street/House No.:	<input type="text"/>	Floor:	<input type="text"/>
City/State:	<input type="text"/>	Zip code:	<input type="text"/>
Country:	<input type="text"/>	Phone:	<input type="text"/>
E-mail:	<input type="text"/>	Fax:	<input type="text"/>
Contact:	<input type="text"/>	VAT-ID:	<input type="text"/>

### Order

Description of the product	Quantity	Unit Price (without VAT)	Total Price
Biteplate (incl. CD-ROM and shipping box)	<input type="text"/>	45.00 USD	<input type="text"/> USD

### Postage and handling charges <sup>2</sup>

- FedEx International Priority 22.00 USD to USA and Canada  
35.00 USD to Australia

### Credit Card Information

**Creditcard**  Mastercard  VISA  American Express

Credit card number:  CVV number<sup>3</sup>:

Expiry date:

### Credit Card Charge Authorization

I (we) hereby authorize SICAT GmbH & Co. KG to charge my (our) credit card account listed above for the amount payable for products or services ordered by me (us). I (we) understand that any payments are based on the current price information.

SICAT GmbH & Co. KG reserves the right to charge this account without requiring the customer's signed authorization for each transaction. I (we) understand that I (we) may notify SICAT GmbH & Co. KG by written request at anytime to terminate this authorization. Also, SICAT GmbH & Co. KG reserves the right to terminate this authorization agreement at anytime. It is my (our) responsibility to update this credit card information.

This authorization will remain in effect until SICAT GmbH & Co. KG is notified by me (us) in writing to cancel it.

### Signature

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**Date** **Signature**

1 - Customers in **USA** or **Canada**: please **dial 011** before continuing with the given number.

Customers in **Australia**: please **dial 01** before continuing with the given number.

2 - For each shipment from SICAT to customer an additional FDA Fee of 20 USD will apply. (For US customers only)

3 - For visa/ Master card, the three digit CVV number is printed on the signature panel on the back of the card. immediately after the card's account number.

Please register the last three digits. For American Express, the four digit CVV number is printed on the front of the card above the card's account number.