

ORDER FORM

Family Name: First Name:

Profession: Organisation / Company:

Address:

Town / City: Postal Code: Country:

Tel.: Fax:

E-mail:

Order

Title / ISBN	Quantity	Price
TOTAL		

Delivery / shipping costs: please see pro forma invoice
 Handling costs per order: € 10.00

Method of Payment

Upon receipt of pro forma invoice (The method of payment will figure on the invoice. The documents will be sent to you upon receipt of payment by bank transfer. Please note that all bank costs are to be borne by the ordering customer and that credit card payments and cheques are not accepted.)

Cash (at the Permanent Bureau)

Signature: Date:

RECEIPT

Family Name: First Name:.....

Organisation / Company:

Amount received: cash / bank transfer

Date:..... Stamp: