

Please complete and Mail/Fax to the Address above

Delivery	Invoice (if different)
Tel: _____ Fax: _____	Tel: _____ Fax: _____
Contact Name	Contact Name
Position	Position
Email: (Essential as license is sent by EMAIL!)	Email:
Comments/Notes	<p>I wish to pay by – Tick Appropriate</p> <p>Bank Transfer: _____ Cheque: _____</p> <p>Your Order No: _____</p> <p>Credit Card Payments via our Web site only</p>

Please note: Paying by Credit Card is only possible from our web site – see Payment options below.

**VAT Exemption available for Euro Mainland (not UK)
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