Form for order via letter

or fax +49 (0) 375 2 89 40 00 19

Please note that all fields marked * are required fields and need to be filled in so the form can be processed.

To

light-vision24 Ltd.

Hauptstrasse 22

D-08115 Lichtentanne

Germany

Billing address:

Company

Name*, First Name*

Street, No.*

Postcode* City* Country*

Phone No.* Fax No.

VAT-ID (only for companies of European countries)

Email* (please fill in, otherwise we cannot send you the delivery receipt and confirmation of order)

Delivery address (if different to billing address):

Company

Name*, First Name*

Street, No.*

Postcode* City* Country*

Phone No.* Fax No.

I would like to order the following items.

Order Number	Item	Price	Quantity	Total Amount
			Total amount including VAT	
			Shipping charge	
			Total amount	

I pay:

☐ in advance (2% discount)

Please transfer the money to the bank account: Commerzbank Zwickau-Mitte
Bank Account Number: 2 521 060
Bank Code: 870 400 00
BIC: COBADEFFXXX
IBAN: DE86 8704 0000 0252 1060 00

☐ by Credit card (Master Card oder VISA Card)

Card Number | Card expiration date | Card verification No. | Name of credit card owner

Date, Signature of buyer*

I hereby accept the General Terms and Conditions of light-vision24 Ltd. (see ''General Terms and Conditions" at www.light-vision24.com)

Shipping rates

Please find shipping rates for orders to your country under''shipping rates" at www.light-vision24.com