Form for order via letter or fax +49 (0) 375 2 89 40 00 19 Billing address: Please note that all fields marked * are required fields Company and need to be filled in so the form can be processed. Name*, First Name* Street, No.* To Postcode* City* Country* light-vision24 Ltd. Phone No.* Fax No. **Hauptstrasse 22** VAT-ID (only for companies of European countries) **D-08115 Lichtentanne** Email* (please fill in, otherwise we cannot send you the delivery Germany receipt and confirmation of order) **Delivery address** (if different to billing address): Company Name*, First Name Street, No.* I would like to order the following items. Postcode* City* Country* Phone No.* Fax No. Order Item **Price** Quantity **Total Amount** Number 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 2 521 060 Bank Account Number: Bank Code: 870 400 00 COBADEFF871 BIC: IBAN: DE86 8704 0000 0252 1060 00 by Credit card (Master Card oder VISA Card) Card expiration Name of credit card owner Card Number Card verifidate cation No. Date, Signature of buyer*

light-vision24 Ltd.

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

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