

**OWNER OF LICENSES**

^ OWNER OF LICENSES (ORGANIZATION OR PERSON)
^ CONTACT PERSON
^ EMAIL FOR DELIVERY OF LICENSE KEYS
^ OWNER'S POSTAL ADDRESS
^ CITY, STATE
^ ZIP/POSTAL CODE
^ COUNTRY
^ TELEPHONE
^ FAX
^ VAT NUMBER (EUROPEAN UNION ONLY)

## QMEDICAL ORDER FORM

**FAX TO +30.2310.811.603**

QMEDICAL	PRICE €	QTY	LINE TOTAL
<b>DEVELOPER</b>			
Single platform/Mac	950.-		
Single platform/Win	950.-		
Dual platform/Mac+Win	1750.-		

SINGLE-USER DEPLOYMENT (DEVELOPER FOR PLATFORM REQUIRED)			
1 UNIT/MAC	270.-		
5 UNITS/MAC	900.-		
10 UNITS/MAC	1600.-		
UNLIMITED SINGLE-USER/MAC	3750.-		
1 UNIT/WIN	270.-		
5 UNITS/WIN	900.-		
10 UNITS/WIN	1600.-		
UNLIMITED SINGLE-USER/WIN	3750.-		
UNLIMITED SINGLE-USER/MAC+WIN	6500.-		

CLIENT/ SERVER DEPLOYMENT (DEV FOR SERVER PLATFORM REQUIRED)			
1 SEAT / MAC+WIN	270.-		
5 SEATS / MAC+WIN	900.-		
10 SEATS / MAC+WIN	1600.-		

<b>NET TOTAL</b>	
<b>VAT 23%</b> EU RESIDENTS ONLY	
<b>GRAND TOTAL</b>	

- Write clearly or print. **No continuous writing please!**
- **VAT:** This tax is applicable only to residents of the European Union. To be exempted from this tax, please provide your VAT number (will be verified with VIES).
- **BLOCKED CARD:** If you haven't used your card for mail orders lately, your Bank may have blocked it to prevent fraudulent use. To avoid unnecessary delay make sure your bank accepts remote charges.
- **ALL SALES FINAL:** Please evaluate the products thoroughly and read the licensing terms before buying. No refunds, cancellations or money-back guarantee.

**CREDIT CARD PAYMENT**

<b>AMOUNT (EURO)</b>	: _____
<b>CARD TYPE</b>	: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
<b>CARD NUMBER</b>	: _____
<b>HOLDER NAME</b>	: _____
<b>BILLING ADDRESS</b>	: _____ : _____
<b>EXPIRATION</b>	: _____
<b>CVV/CVC</b>	: _____ (3-DIGIT SECURITY CODE)
<b>SIGNATURE</b>	: _____
<b>DATE (DD-MM-YYYY)</b>	: _____