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PURCHASE ORDER FORM

Xnet PO #:

Customer PO Number (if applicable):		**Please complete, print and fax or mail to:** **0049-40-89702-100** **For immediate service, please call our Sales Office at:** **0049-40-89702-0** **Orders may also be placed securely Online by Credit Card.**
Name:		
Company:		
Address 1:		
Address 2:		**Please select the appropriate Payment Method:** Credit Card ☐ Cheque/Check ☐ PayPal ☐ Mail/Postal Order ☐ Wire/Bank Transfer ☐
City:	State, Province, Region:	
Postal Code:	Country:	Credit Card Type/Number (if applicable):
Phone:	Fax:	Expiration Date (Month/Year)
Email - Serial Number will be delivered to this email Address		Signature (Required)

Product	Price Each in Euro € or US$	Number of Licenses	Total
Please refer to the Online Store for up-to-date prices, and select the appropriate currency.			
Customer Authorisation Signature:	**EU Residents:** Please add VAT (if applicable) at the appropriate rate unless a valid VAT number is provided below		
	VAT Number (if applicable)		
	Total Amount Due		