

ESCAPE MEDICAL VIEWER RETAIL ORDER FORM

Purchase new licenses :

| NEW PURCHASE | | EMV 5 MAC | | EMV 4 WIN | | LINE TOTAL |
|--------------------------|--------------|-----------|----------|-----------|----------|------------|
| | | € | QUANTITY | € | QUANTITY | |
| CHOOSE YOUR VOLUME CLASS | 1 unit | 245 | | 245 | | |
| | 2 - 5 units | 220 | | 220 | | |
| | 6 - 10 units | 195 | | 195 | | |

Upgrade or side-grade existing licenses :

| UPGRADE | | EMV 5 MAC | | EMV 4 WIN | | LINE TOTAL |
|--------------------------|--------------|-----------|----------|-----------|----------|------------|
| | | € | QUANTITY | € | QUANTITY | |
| CHOOSE YOUR VOLUME CLASS | 1 unit | 175 | | 175 | | |
| | 2 - 5 units | 150 | | 150 | | |
| | 6 - 10 units | 140 | | 140 | | |

Purchase with coupon or special offer :

| SPECIAL OFFER | | EMV 5 MAC | | EMV 4 WIN | | LINE TOTAL |
|----------------------------|--|-----------|----------|-----------|----------|------------|
| | | € | QUANTITY | € | QUANTITY | |
| ENTER OFFER CODE AND PRICE | | | | | | |

Net Total (euro) :

EU residents, provide VAT number or add VAT 24% (euro) :

Grand Total (euro) :

Payment options

- **PayPal:** send payment to email <sales@escape.gr>.
- **Visa/Mastercard:** accepted directly by Escape.
- **Bank Transfer:** contact for details.

Disclaimers

PLEASE EVALUATE THE SOFTWARE BEFORE ORDERING.

ALL SALES FINAL — NO REFUND, CANCELLATION OR MONEY-BACK GUARANTEE AFTER YOUR ORDER IS PROCESSED.

OWNER OF LICENSE

| | |
|-----------------|--|
| PERSON NAME: | |
| ORGANIZATION: | |
| CONTACT NAME: | |
| DELIVERY EMAIL: | |

PAYPAL

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| PayPal is easy, fast and secure, and you can use any credit card or pay from your PayPal balance. |
| To pay through PP, send payments to sales@escape.gr |

BILLING DETAILS

| | |
|------------------|--|
| BILL TO: | |
| CONTACT NAME: | |
| CONTACT EMAIL: | |
| STREET ADDRESS: | |
| CITY, STATE: | |
| POSTAL/ZIP CODE: | |
| COUNTRY: | |
| EU VAT NUMBER: | |

VISA/MASTERCARD

| | |
|---------------------------|------|
| AUTHORIZED AMOUNT (EURO): | |
| CARD NUMBER: | |
| HOLDER NAME: | |
| EXPIRY: | CVV: |
| BILLING ADDRESS: | |
| DATE: | |
| SIGNATURE: | |