

ESCAPE MEDICAL VIEWER RETAIL ORDER FORM

Purchase new licenses :

NEW PURCHASES		EMV 4 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 :

UPGRADES-SIDEGRADES		EMV 4 MAC		EMV 4 WIN		LINE TOTAL
		€	QUANTITY	€	QUANTITY	
CHOOSE YOUR VOLUME CLASS	1 unit	135		135		
	2 - 5 units	115		115		
	6 - 10 units	95		95		

Purchase with coupon :

COUPON OFFER		EMV 4 MAC		EMV 4 WIN		LINE TOTAL
		€	QUANTITY	€	QUANTITY	
ENTER COUPON 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.

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

PayPal is easy, fast and secure, and you can use any credit card or pay from your PayPal balance. Our PP account to which you can send payments is our email, 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:	