

Fax Order Form

→ Fax 0 22 03/10 43 85

Reply to

ThermoSecure
 medical equipment GmbH
 Fuggerstraße 16

51149 Cologne

Your Address:

Company/Institution

First name, Name

Position

Street, Number

Post code/Town

Tel. No. (for queries)

I would like to speak to a personal consultant. Please call me.

My telephone number (if not printed above) _____
 If possible please send/fax us a completed questionnaire before the consultant meeting

I would like to order the following ThermoSecure products:

Art.-No.	Product	Qty.	Unit price Euro	Total price Euro
1 0 0 0 0	Freight/packaging, ex works		best price	

All prices Euro excl. VAT

Payment preference

(For first order only
 COD or bank draft)

C.O.D.

Invoice

Bank draft

The invoice amount will be debited 30 days after invoice date.

Name of bank

Bank Code

Acc. No.

Acc. Owner

Date, Signature

X

 Date, Stamp, Signature

ThermoSecure[®]
 medical equipment GmbH

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