



# ORDER FORM

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## SATELLITE-BASED EARTH OBSERVATION: MARKET PROSPECTS TO 2027 2018 Edition

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Product		Price	Total
eFiles (PDF & Excel files)		€ 6,000	
Additional eFiles license	Qty:	€ 600	
Enterprise license		€ 15,000	
VAT if applicable companies based in France must add VAT 20%			
<b>Product Total in Euros (€)</b>			

3 Accounting Dept. E-mail: \_\_\_\_\_

### 4 Invoicing Address (Please use capital letters)

First name \_\_\_\_\_

Last name \_\_\_\_\_

Company name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### 5 Delivery Address (If different from invoicing address)

First name \_\_\_\_\_

Last name \_\_\_\_\_

Company name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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### Payment Information

Company VAT n° (required for all companies)  
\_\_\_\_\_

#### Credit Card

Please check credit limit with bank prior to submitting form.

VISA     Mastercard     AMEX

Cardholder Name (as it appears on card)  
\_\_\_\_\_

Cardholder Number  
\_\_\_\_\_

Expiration Date (month/year) | Cryptogram (last 3 digits on the back)  
\_\_\_\_\_

Cardholder's Signature  
\_\_\_\_\_

#### Bank Transfer

(All bank charges are to be paid by the sender)  
to EUROCONSULT, please NOTE IMPERATIVELY:  
Swift-BIC code: CM CI FR PP  
IBAN: FR76 3006 6109 1500 0200 6760 132  
Account n° 00020067601  
CIC Nanterre Enterprises, 105 Rue des 3 Fontanot, 92022 Nanterre Cedex, France.

#### Cheque or Money Order Enclosed

Payable to Euroconsult:  
86 Blvd. Sebastopol, 75003 Paris, France



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First name

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Company

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Occupation

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**SIGNATURE:**

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#### Research Report User (For additional user)

First name

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Last name

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Company

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Occupation

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E-mail

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Date

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