

# ORDER FORM

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## PROSPECTS FOR SPACE EXPLORATION 2018 Edition

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1

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Additional eFiles license	Qty:	€ 450	
Enterprise license		€ 11,250	
VAT if applicable companies based in France must add VAT 20%			
<b>Product Total in Euros (€)</b>			

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

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### Invoicing Address (Please use capital letters)

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

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

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

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

Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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#### Research Report User

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

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

Company \_\_\_\_\_

Occupation \_\_\_\_\_

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

Date \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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

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

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

Company \_\_\_\_\_

Occupation \_\_\_\_\_

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

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