

Ideal Administration PURCHASE ORDER

To order **Ideal Administration**

1. Field required fields
2. Print this order form
3. Fax it to **33 4 32 62 71 35**

CUSTOMER INFORMATION

Name
First name
Company
VAT number
Role
E-mail
Address
Address
Zip code
City
Country
Phone
Fax

LICENSE & TYPE OF PAYMENT

Ideal Administration PURCHASE ORDER

Type of payment

Credit Card

Card number

Expiration date :

You will receive your registration key by e-mail as soon as your payment will be accepted (under 24 hours).

Cheque

You will receive your registration key by e-mail as soon as we will have registered your payment.

Wire transfer

You will receive our bank account information, by fax or e-mail, as soon as possible.

How did you hear about
Ideal Administration ?

Good for acceptance,

Signature :