

## PURCHASE ORDER FORM

To be returned completed to TECHTOMED  
[contact@techtomed.com](mailto:contact@techtomed.com)

### USER INFORMATION

Company \_\_\_\_\_ Function \_\_\_\_\_  
Contact name \_\_\_\_\_  
Address \_\_\_\_\_  
Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
Email \_\_\_\_\_  
Tel \_\_\_\_\_

- Option 1: A single license in a secured PDF
- Option 2: An extended\* license with a PDF and a ppt

\*For an entire company

*These prices are exclusive of taxes, a VAT will be applied accordingly to the country of destination.*

Are you going to issue your own company purchase order :  YES  NO

Billing Company \_\_\_\_\_  
Billing address \_\_\_\_\_  
VAT Number \_\_\_\_\_  
Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

I agree to receive TechToMed Newsletter

### GOOD FOR AGREEMENT

You will receive an invoice and a report access after the PO validation

Date : \_\_\_\_\_

Signature



Company stamp

