

# PURCHASE ORDER FORM

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

TECHTOMED SAS  
 6 rue Baudelaire  
 78960 Voisins-le-Bretonneux  
 FRANCE

## USER INFORMATION

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

Option A  
 Option B

Quantity \_\_\_\_\_

◊ These prices include 1 single user license of the document in a secured PDF format.  
 ◊ These prices are exclusive of taxes, a VAT will be applied accordingly to the country of destination.  
 ◊ For an extended license (multiple users, within the same department or company) or any other specific requirement, please contact us.



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