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ORDER FORM

Please print out this order form, fill in the blanks, sign it and fax it to : +46-563-10625

CUSTOMER PROFILE

Name:

Company:

Address:

Country:

Phone:

Fax:

E-Mail:

Homepage:

VAT-ID (for EU customers):



PRODUCT ORDER FORM KLARÄLVDALENS DATAKONSULT AB

CUSTOMER PROFILE

Developer name	Developer E-mail	Subtotals
Product	Quantity	Price
Developer name	Developer E-mail	
Product	Quantity	Price
Developer name	Developer E-mail	
Product	Quantity	Price
		Total

Date: _____ Signature: _____

