



# ORDER FORM

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## SATELLITES TO BE BUILT & LAUNCHED BY 2025 2016 Edition

Please complete this form and return by e-mail to reports@euroconsult-ec.com **or** by fax to + 33 1 48 05 54 39. If you have any questions about ordering, would like to enquire about specific corporate licenses or would like to order for multiple locations and/or legal entities, please contact reports@euroconsult-ec.com or call +1 (514) 903-1001. **All prices are in Euros. All orders must be prepaid** (if not possible, please contact us). Applicable VAT taxes will be added in Euros.

1

Product		Price	Total
eFiles (PDF & Excel files)		€ 6,000	
Additional eFiles license	Qty:	€ 600	
Enterprise license		€ 15,000	
VAT if applicable companies based in France must add VAT 20%			
<b>Product Total in Euros (€)</b>			

3

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

4

**Invoicing Address** (Please use capital letters)

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

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

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

Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

5

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

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

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

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

Occupation \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

2

### Payment Information

Company VAT n° (required for all companies)  
\_\_\_\_\_

#### Credit Card

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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#### 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 \_\_\_\_\_

Date \_\_\_\_\_

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