

Holland Shielding Systems BV



ORDER FORM

Date _____

BILL TO / SHIP TO:

Your order # _____
Company _____
Name _____
VAT number _____
Address _____
City/State/Zip _____
Phone Number _____

SHIP TO:

Company _____
Name _____
Department _____
Address _____
City/State/Zip _____
Phone Number _____
FAX Number _____

METHOD OF PAYMENT

Ship With DHL / FEDEX / UPS

Your Account number: _____

Credit Card* *Please fill Credit Card form on page 2

Money Order (Wire transfer)

Please do not send your Credit Card Information via email. Please fax the filled in forms to Holland Shielding Systems BV

| Qty | Part No | Description of Item | Cost Ea. | Ext. Price |
|-----|---------|---------------------|-----------------------|------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Sub Total | |
| | | | Shipping | |
| | | | TOTAL OF ORDER | |

Comments:

Holland Shielding Systems BV



Holland Shielding Systems credit card payment

Date _____

Invoice ref - E-mail dated : _____
- or E-mail order : _____
- or proforma invoice nr. : _____

Your purchase order # _____

Company name _____

Contact name & Telephone number _____

Type of card Visa
 American Express
 Mastercard

Card number and security code # _____

Name on card _____

Expiration date _____

Authorization signature

I have read and understood all terms and conditions including the terms of cancellation policies.
My payment and signature below constitute acceptance of those terms.

Amount to be taken _____

Freight cost Economy
 Express
 Freight cost accepted on credit card

Our courier account # DHL Fedex UPS Other

Account number _____

Please fax the filled in form to Holland Shielding Systems B.V.