



**CRYSTAL IMPACT**  
Dr. H. Putz & Dr. K. Brandenburg GbR  
Kreuzherrenstr. 102  
D-53227 Bonn, Germany  
Tel.: +49 (228) 9813643  
Fax: +49 (228) 9813644  
E-mail: info@crystalimpact.com  
VAT: DE190701391

**Order form for extension of update subscription for permanent personal license<sup>1</sup>** (for non-EU-residents only)

**MATCH! - Phase Identification from Powder Diffraction (Version 3)**

With this order you extend your right to obtain all updates of the software Match! free-of-charge by the specified number of years. The updates will be provided by download.

**Please note that this order form is only valid for permanent personal licenses, not for time-limited!**

The software is licensed to: \_\_\_\_\_ (Full name of the licensee)

Serial number of current version (cf. "Help/About Match!"): \_\_\_\_\_

Serial number: \_\_\_\_\_

Extension of update subscription for (please mark with a cross):	Price <sup>2</sup>
<input type="checkbox"/> 3 years	119.60 EUR
<input type="checkbox"/> 5 years	183.20 EUR
<input type="checkbox"/> 7 years	239.20 EUR
<input type="checkbox"/> __ years	on request

<sup>1</sup> A "Personal License" is only available for individuals; it cannot be purchased for/through an institution and must not be used for commercial purposes. The license can only be installed on the licensee's PC as well as on his laptop.

<sup>2</sup> Net prices include a special discount of 20% and are valid until July 31, 2017.

<sup>3</sup> Please add VAT according to the VAT rate in your country!

**Contact:**

E-mail (license will be delivered to this address): \_\_\_\_\_

You will receive a license file by e-mail which must be applied to the demonstration version downloaded from our web page; detailed instructions will be included in delivery e-mail. Your invoice and license certificate will be included as Acrobat Reader PDF files in the delivery e-mail.

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

Private address: \_\_\_\_\_  
\_\_\_\_\_

**Payment method:**

Credit card

Card type:  MasterCard  VisaCard  American Express

Card number and security code: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Cardholder's name: \_\_\_\_\_ (must correspond to the licensee)

Expiration date: \_\_\_\_\_ Month \_\_\_\_\_ Year

PayPal to sales@crystalimpact.com (advance payment required, account used for payment must match delivery e-mail address)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**