



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

Order form for new license

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

The software shall be licensed to:

Company/University: _____ academic/non-profit organization²

Department/Institute: _____

License (please mark with a cross):	<input type="checkbox"/> Normal Price ¹	<input type="checkbox"/> Reduced Price ^{1,2}
<input type="checkbox"/> Single license (new permanent license)	958.40 EUR	479.20 EUR
<input type="checkbox"/> Site license ³ (new permanent license)	1,916.80 EUR	958.40 EUR
<input type="checkbox"/> Campus license ⁴ (new permanent license)	3,833.60 EUR	1,916.80 EUR

¹ Prices include 20% anniversary discount; they do not include taxes, which may be due. Prices are valid until July 31, 2017.

² Reduced prices (50% discount) are only available for academic/non-profit organizations!

³ Unlimited number of installations within one department / institute

⁴ Unlimited number of installations within company / university

Each new license includes a 3-year update subscription (for free-of-charge updates) and is valid for any of the supported platforms (Windows, Mac OS X and Linux). Multiple installations may be possible depending on the corresponding licensing model.

Shipping method (please mark with a cross):

- Electronic delivery by download / e-mail 0,00 EUR
You will receive a license file by e-mail which must be applied to the demonstration version downloaded from our web page. The download package also contains the full documentation (manual as pdf-file as well as online help). Invoice and license certificate are included as Acrobat Reader pdf-files in the delivery e-mail. A paper invoice is available on request.
- Color-printed manual and installation-DVD (shipping within Europe only) 50,00 EUR
- Color-printed manual and installation-DVD (shipping outside Europe) 100,00 EUR

Contact:

Name: _____

Phone: _____ Fax: _____

E-mail: _____

Billing address: _____

Shipping address: _____ same as billing address

VAT number (for members of the European Community only):

If you are purchasing from inside the European Community on behalf of your company or institute, please supply your VAT (or equivalent) number. Failure to do so will result in charging of 19% value added tax.

VAT: _____

Payment method:

Invoice (purchase order)

Cheque

Credit card

Card type: MasterCard VisaCard American Express

Card number and security code: _____

Cardholder's name: _____

Expiration date: _____ Month _____ Year

Purchase order number:

If required by your institution or administration, you can give a purchase order number here which will appear on all invoices and delivery notes.

Purchase order no.: _____

Please return the filled form either by fax or conventional mail to the address mentioned above.

Date

Signature