Order form

Please return this form to :

ACPHYTAROMA
1051, avenue de la Plantade
06530 CABRIS - FRANCE
Fax : + 33 4 93 60 55 87
Mail : claudemonin@online.fr

Client type : ❑ Public institute ❑ Company ❑ University ❑ Individual

Civility : ❑ Madam ❑ Miss ❑ Mister

Name : _____ **Surname** : _____

Position : _____

Company : _____

Activity : ❑ Chemistry ❑ Cosmetics ❑ Health ❑ Flavours
❑ Perfumes ❑ Phytotherapy Other : _____

Address : _____
: _____

Area code : _____ **Town** : _____ **Country :** _____

Telephone : _____ **G S M :** _____ **Fax** : _____

Email : _____ **Web site** : _____

Reference N°	Name of the ordered product	Number	Unit price Euros	Amount Euros
PPAM	CD-ROM Photos High Resolution of aromatic and medicinal plants		**200.00**	
	Invoice delivered with shipment after payment		Postage	**8.00**
			VAT = 19.6% if applicable	
			Total IT	

Payment to the order of **Acphytaroma**:

By cheque ❑

By Bank transfer ❑

IBAN n°: FR76 1009 6185 8000 0262 2500 193 Bank name: CIC Lyonnaise de Banque – Agence Entreprise Cannes - 26 rue d'Antibes – BP 126 – 06405 Cannes cedex – France