

ORDER FORM

Product	Qty	Unit Price	Total
AX-ICON version 1.0e (1 user)	___	\$39	_____

Thank you for ordering !

Total : _____

NAME _____

COMPANY _____

ADRESS _____

CITY _____ **STATE** _____ **ZIP** _____

COUNTRY _____

DATE : _____ **SIGNATURE :** _____

Please send me a registering number for the products ordered.

Payment by check :

Send the this form by mail with your check enclosed to :

AXIALIS SA
1, rue de Stockholm
75008 PARIS - France

Payment by Credit Card :

Credit card type : _____ **Number :** _____

Credit card expires : ____/____

Send this form by mail or fax to :

WindowShare SARL
B.P. 2078
57051-METZ cedex 2 - France
Fax : (33) 87 32 37 75