

# Order Form

Date:

Item description	Quantity	Unit Price	Amount
<b>Sub-total:</b>			
<b>Freight:</b>			
<b>Total:</b>			

Order information		Shipping information	
		If different from the order information	
Company:	Company:		
Contact Name:		Contact name:	
E-Mail Address:		E-Mail address:	
Street Address:		Street address:	
City:		City:	
State/Region:	Zip/Postal Code:	State/Region:	Zip/Postal Code:
Country:		Country:	
Phone: Fax:		Phone:	Fax:
VAT n°:		Department/area:	
Note:			

Freight cost are calculated based on the order information, please consider additional 20 for extra-EU orders for handling fee. We will send you the cost information within the confirmation of material availability.

If you have your courier please fill the information below and we will charge on your account the freight fee.

Carrier:	Account number:
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Payment information	
Credit cards	Please use PayPal on our web site <a href="http://www.graphene.it">www.graphene.it</a>
Bank transfers	Please fill the form and we will provide you the bank account information.
Other	Contact our commercial office <a href="mailto:commercial@graphene.it">commercial@graphene.it</a>

ALL ORDERS MUST BE PAID AT THE TIME OF SHIPPING

PLEASE CONTACT OUR COMMERCIAL DEPARTMENT FOR REGULAR OR MULTIPLE ORDERS

Additional information	
We are continuously looking to improve our service, we will be glad if you can fill the information below.	
Organization type:	Sector: