

## ORDER FORM

**Please print this form, fill in the required information, and return it together with your purchase order and with a copy of your proof of payment by fax to the number: +44 20 78554015**

Yes, I want to buy the following products and services:

<b>Products:</b>	<b>Quantity</b>	<b>Unit Price (euros)</b> (for EU citizen or Institution with VAT registration number and for citizen of other countries)	<b>Amount due (euros)</b>
Individual Issue of Vol. _____ issue _____ year _____ (e-Journal)	<b>1</b>	<b>160</b>	<b>160</b>
<b>TOTAL AMOUNT DUE</b>			<b>160</b>

**Note: All orders must be prepaid.**

### Shipping to: (no post office boxes)

Last Name (Family Name) \_\_\_\_\_ First Name \_\_\_\_\_  
 University/Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_  
 Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Billing to:

Last Name (Family Name) \_\_\_\_\_ First Name \_\_\_\_\_  
 University/Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 VAT Registration number \_\_\_\_\_ Tax Identification Number \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_  
 Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Modality: (You must cross the adopted modality)

<input type="checkbox"/> <b>Bank transfer</b> <b>Bank transfer information:</b> Name of Account: <b>Praise Worthy Prize s.r.l.</b> Account #: <b>052444993190</b> IBAN #: <b>IT 14 G 03268 03403 052444993190</b> Bank Name: <b>Banca Sella, via Alvino, 63 - I80127 Napoli, Italy</b> Swift Transfer Code: <b>SELBIT2BXXX</b> <b>Note: The bank transfer cost must be added to the Total amount due.</b>	<input type="checkbox"/> <b>Credit cards</b> We will send you an email with a link in order to pay the amount by credit card.
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