Order Form 3D TUNNEL Version 1.2

Prices per August 1st, 2002. Prices may be subject to changes, without notice.
*These are standard international prices, **prices may vary by location**.*
Check with your local agent for prices applicable to your area.

	Prices
PLAXIS 3D Tunnel program Version 1.2, Single license	**EUR 10,000 ***
PLAXIS 3D Tunnel program Version 1.2, *Single license (special price for Plaxis Version 7 or 8 licensees)*	**EUR 7,500 ***
PLAXIS 3D Tunnel program Version 1.2, Extra license same office**	**EUR 4,000 ***
PLAXIS 3D Tunnel program Version 1.2, Extra license different office**	**EUR 7,000 ***
PLAXIS 3D Tunnel program Version 1.2, (Educational network version) Up to 25 users (supported network protocol: TCP/IP)	**EUR 10,000**
Support, annual fee covers all PLAXIS products (ask for conditions)	**EUR 450**

*) A 50% discount may be applied for orders from centers of education. **) Only when the first license is Plaxis 3D Tunnel V 1.2

ORDER:

_____ **EUR** _____

_____ **EUR** _____

☐ **Deliver USB hardlock instead of standard hardlock**

Postage and handling, **EUR +** 75,-
(Includes delivery by TNT Express Worldwide service)

Subtotal before VAT, EC members are charged 19% VAT, unless they specify their VAT number (Non European Community members are charged 0% VAT) **EUR** _____

VAT **EUR +** _____

DELIVERY ADDRESS: **Total order:** **EUR** _____

Company: _____

Family name: _____ **Initials:** _____ **(M/F)**

Street address: _____

City & zip code: _____

Country: _____

Phone: _____ **Fax:** _____

VAT No. : _____ **E-mail:** _____
(only when ordering from inside EC)

PAYMENT BY:

☐ **Bank transfer in EUR**
ABN-AMRO bank, Rotterdam, the Netherlands
Account no. 60.52.06.643

☐ **Bank draft**
Check in EUR to be drawn on a bank in the Netherlands

☐ **Pro-forma invoice**
for pre-payment

☐ **Credit card in EUR**
- ☐ **Euro/master card**
- ☐ **Visa card**
- ☐ **American Express**

Card number: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiry date: ☐☐/☐☐ (mm/yy) **CVC code:** ☐☐☐

Lastname card holder: _____

Street address card holder: _____

City & Zip-code: _____

Signature card holder: _____

Return to *local Agent* or to PLAXIS BV, P.O. Box 572, 2600 AN Delft, the Netherlands,

Fax: +31 15 2600 451