Order Form Professional Version 8

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	Upgrades from Professional Version 7 *on return of V7 hardlock*
PLAXIS Professional Version 8, Single license	**EUR 6,000 ***	**EUR 1,500 ***
PLAXIS Professional Version 8, Extra license same office **	**EUR 2,400 ***	**EUR 750 ***
PLAXIS Professional Version 8, Extra license different office **	**EUR 4,200 ***	**EUR 750 ***
PLAXIS Dynamics module**	**EUR 1,200 ***	**EUR 50 ***
PLAXIS Professional Version 8 (Educational network version) Up to 25 users (supported network protocol: TCP/IP)	**EUR 6,000**	**EUR 1,500**
Support, annual fee, covers all PLAXIS products (ask for conditions)	**EUR 450**	**EUR 450**

*) A 50% discount may be applied for orders from centers of education. **) Only when the first license is the Professional Version 8

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 +** _____

Total order: **EUR** _____

DELIVERY ADDRESS:

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