Fax order form send to 0043-662-625599

Dr. Immler Medizinbedarf, Dr. Gudrun Immler, Rottmayrgasse 22, A-5020 Salzburg

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My address:

First name, last name:

Street, number

Zip code, town

E-mail
For questions, confirmations @

Phone number
For questions, confirmations

With this order I accept your terms of delivery and payment:

Art.-nr.	Article name	quantity	Unit price incl. tax in €	Total price incl. tax in €
			Sum incl. tax in €	

❒ Prepayment* ❒ Payment with credit card

Payment by credit card: Please mark a corresponding credit card with a cross.

❒ Master/Eurocard ❒ VISA Card

Card holder:

16-digit card number:

Valid thru:

last 3 places on the back in the signature field.
serve the additional safety,

Town, Date

Signature

*** Bank data are sent to you by mail**