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ORDER FORM

Order Code	QTY	Unit Price	Description	Total Price

Instructions or comments

Payment Method

Credit Card - details below

Proforma Invoice

Existing Account

Shipping Requirements

Kanda to provide shipping

Customer to provide shipping

Shippers name _____

Account Number _____

Sub Total _____

Shipping _____

VAT @ 20% _____

TOTAL _____

Purchase Order Number

EU Tax (VAT) Number

Credit Card Details

Visa/Mastercard Amex Switch

Card Number:

Card Expiry Date **Start Date (if shown)**

Issue Number (if shown) **Security Code - CVS**

 (on signature strip - 3 digits or front of Amex - 4 digits)

Name on Card _____

Signature _____ **Date** _____

Billing or Credit Card Address (if different)

Name _____

Company _____

Address _____

City _____

County/State _____

Post Code/ZIP _____

Country _____

Phone _____

Fax _____

email _____

Delivery Address

Name _____

Company _____

Address _____

City _____

County/State _____

Post Code/ZIP _____

Country _____

Phone _____

Fax _____

email _____