



## Order Form Chemicals

Catalogue No.	Name	Quantity

We agree on the terms and conditions of sale according to **General Information**.

Shipping charges, insurance (3%) and handling fee CHF 25.00 will be added to the invoice.

Please send our order by International Parcel.

### Delivery Address:

PO number .....

Name of the Organization \* .....

Responsible Person \* .....

Address \* .....

Zip Code & City \* ..... Country \* .....

Telephone \* ..... Fax .....

e-mail \* .....

Place and Date \* ..... Signature \* .....

**Invoice Address:**  Same address as above

Name of the Organization \* .....

Responsible Person \* .....

Address \* .....

Zip Code & City \* ..... Country \* .....

Telephone \* ..... Fax .....

e-mail \* .....

**FILL IN AND SEND BY FAX TO: CaroteNature +41 61 913 9661**