



sliceOmatic Order Form

PO Number: _____ **Date:** _____

Shipping Address:	Your Name	_____
	Institution Name	_____
	Department	_____
	Address	_____

	Telephone	_____ Fax _____
	e-mail	_____

Payment method:	<input type="checkbox"/> Check	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Paypal
	Billing Address (if different): _____			

Product:	<input type="checkbox"/> sliceOmatic	(\$us 4,000.00)	_____
Discount:	Educational Discount (10%)		- _____
	Large Quantity Discount (10%) (second copy and up)		- _____
Shipping:	FedEx	USA/Canada: \$us 70.00 Other: \$us 100.00	_____
Tax:	GST or HST tax (if buying from Canada)		
	GST + PST tax (if buying from Quebec)		
TOTAL:			_____

* All prices mentioned in this document are subject to change without notice.

Note: If paying by credit card, DO NOT send us your card number yet! We will email you an electronic invoice.

Compliance With Law: Customer and TomoVison will each comply with applicable federal, provincial, state and local laws and regulations and will each retain responsibility for its own laws and regulations. For example, but not limited to, should Customer fail to provide TomoVision with applicable sales tax exemption certificate, Customer is responsible to ensure applicable use tax compliance with any federal, provincial, state and local laws and regulations.

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