



Order Form Terminalshop

Prices valid from: March 2019

Submit via: **luxterminalsupport@six-payment-services.com**

Merchant	_____		Terminal ID	_____
Company data	Street/no.	_____	No. TVA	_____
	Postal code/city	_____	Country	_____
	Phone	_____	E-mail	_____
Contact person <input type="checkbox"/> Ms <input type="checkbox"/> Mr	First name	_____	Last name	_____
	Phone	_____	E-mail	_____

Delivery address

Company _____

Street/no. _____ B.O. Box _____

CP/Lieu _____ Country _____

Invoice address À l'adresse de livraison

Company _____

Street/no. _____ B.O. Box _____

Postal code/city _____ Country _____

Order			Prices excl. TVA	
Art. no.	Article description	Quantity	Price/unity	Price total
20510	Paper set for yomani fixed terminals (40 rolls)	_____	EUR	_____
20509	Paper set for yoximo mobile terminals (60 rolls)	_____	EUR	_____
20511	Paper set for Ingenico/Tetra terminals (20 rolls)	_____	EUR	_____
Price total commande			EUR	_____

Remarks _____

Date and place	Signature(s) of the Merchant's legal representative(s) *
_____	_____

* First and last name(s) in block letters _____

