

FocOz Order Form

Please complete this order form and send it to the following address:

Scandinavian Nightvision AB
 Ugglevägen 12
 S-181 56 Lidingö
 Sweden

Please accept the following order:

| Qty | Description | Price each (SEK) | Total price |
|-----|-------------|------------------|-------------|
| 1 | FocOz kit | 78200 | |

Delivery address

| | |
|-----------------|--|
| Your Name * | |
| Company Name ** | |
| Address * | |
| | |
| | |
| | |
| ZIP * | |
| Country * | |
| Fax | |
| Phone * | |
| E-mail | |

* = required, ** = required if company

Invoice Address (to be used if invoice address is different from delivery address)

| | |
|--------------|--|
| Your Name | |
| Company Name | |
| Address | |
| | |
| | |
| | |
| ZIP | |
| Country | |

Your category

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Photographer (end user) |
| <input type="checkbox"/> | Reseller |
| <input type="checkbox"/> | Purchaser |
| <input type="checkbox"/> | Other |

(Check one)

(Form Ver. 1.00)

Main application

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Press/Photo reporter |
| <input type="checkbox"/> | Product photography |
| <input type="checkbox"/> | Portrait photography |
| <input type="checkbox"/> | Nature photography |
| <input type="checkbox"/> | Other |

.....
Date

.....
Place

.....
Signature