

HYPERMUNE & HYPERMUNE-RE ORDER FORM

Please complete this form and send by email to
eileenbarr@veterinaryimmunogenics.com or office@veterinaryimmunogenics.com

DATE

DELIVERY DETAILS	INVOICE DETAILS
Name	Name
Address	Address
County	County
Post Code	Post Code
Country	Country
Tel No:	Tel No:
Email:	Email

European Union Customers must please supply the VAT Number
 Value Added Tax number ; Tax Sur La Valeur Ajoutee ; Part. IVA ; MWST

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VAT at 20.0% will be added to the invoice for this order if a valid VAT number is not provided for us to submit to our Customs & Excise Authority

CREDIT CARD DETAILS Master Card/Visa card payments are accepted

Card Number: _____ Expiry Date: _____

Security Code Number: _____

Please supply the following :- **Quantity Required** (1 or 2 in a small box)
 (3 or 4 in a large box) or various combinations

PLASMA PRODUCTS	Size	
HYPERMUNE	1 litre
HYPERMUNE-RE	1 litre
Blood Administration Set		

Print contact name..... **Signature**

If required **URGENTLY**, or **SATURDAY** delivery in UK please tick

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