AVG Anti-Virus

GRISOFT

ORDER

By submitting this completed order form, you acknowledge that this is a binding contract, and that you are responsible for payment of the corresponding invoice.

Company _____

Salutation Mr. ☐ Mrs. ☐

First name* _____

Last name* _____

Street Address* _____

Additional Address Information _____

ZIP / Postal Code* _____

City* _____

State / Province / District _____

Country* _____

E-mail _____

Phone* _____

Fax* _____

Please choose the product you would like to order:

AVG Professional Single 1 ☐

AVG Network Edition (number of licenses is based on the number of workstations)

2 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 40 ☐ 50 ☐ 75 ☐ 100 ☐

AVG Email Server Edition (number of licenses is based on the number of mail boxes)

5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 40 ☐ 50 ☐ 75 ☐ 100 ☐

AVG File Server Edition (number of licenses is based on the number of workstations connected to the server)

5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 40 ☐ 50 ☐ 75 ☐ 100 ☐

_____ Date

_____ Signature

NOTE:

1. Fields marked with an asterisk * must be filled out. Otherwise we will not be able to process your order.
2. Important product-specific information such as the receipt, invoice, or license key will be sent to you by fax. Therefore, please pay particular attention to entering your fax number correctly!
3. When you fax this order directly to GRISOFT, you will receive the proforma invoice by fax. You will be provided with the license number upon payment.