

## ETB-BISLIFE SKIN BANK ORDER FORM

Please print (do not write) your information clearly!	
To: ETB-BISLIFE Bever Skin Bank Email: <u>infoskin@etb-bislife</u>	Tel. nr: +31 (0) 71 408 39 88
Order date:	Time:
From:	Telephone:
Name:	Fax:
Department:	E-mail:
Quantity of Glyaderm needed:	cm <sup>2</sup>
Special requirements:	
Glyaderm:	Plain  Meshed 1:1
WHEN do you want this order to b Date:	be delivered? $\square$
Date.	9.00-18.00 h
	elivery does have very expensive courier costs.
WHERE do you want this order to  Billing address:	be delivered:
E-mail address:	
Your order reference / number:	
Comments / Remarks:	

Our General Terms & Conditions are applicable for this order. This document is enclosed in every shipment and available on www.etb-bislife.org.