

AGREEMENT

between

CLIENT

Name of company :
Contact :
Street and number :
Postcode and city :
Country :
VAT-ID :

and

MS-TRANSLATIONS

Contact : M.A. Maike Sommer
Street and number : Horstkotterheide 14
Postcode and city : 33739 Bielefeld
Country : GERMANY
VAT-IOD : DE 815419280

ORDER

Title of document :
Source language :
Target language :
Quantity of words :
Deadline :

PRICE

Price per word :
Price per hour :

Net :
VAT 16% : _____ +
Gross :

MANNER OF PAYMENT

Unless otherwise agreed, payment should be within 10 days of the invoice date, to:

Bank account no. : 8463473

Bank : Sparkasse Bielefeld

IBAN : DE 25 480 501 61 000 8463 473

BIC : SPBIDE3BXXX

To the name of : Maike Sommer / MS-Translations

CONSENT

The client :

Name of company :

Contact :

Has read and accepted the terms & conditions of MS-Translations
YES/NO

Date :

Signature :