



Order Form

Name:	
Surname:	
Company:	
Address:	
NIP/VAT number:	
Phone:	
E-mail:	
Translation from/to:	<input type="checkbox"/> Polish/English <input type="checkbox"/> English/Polish
Deadline:	
Graphic Form requirements:	
Form of delivering translated text:	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax
Other information:	