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then print the form and fax to +49 3677 8462 18



## USB CDC/ECM Class Driver

### Update Order Form

September 2011

Your Order No.: \_\_\_\_\_ (optional)  
Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Country: \_\_\_\_\_ Website: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
VAT no.: \_\_\_\_\_ (required for European Union)

### I would like to order USB CDC/ECM Class Driver for Windows 2000/XP/Vista/7 Update V1.23

License to be updated	Update within 6 months of purchase/ last update	Update within 24 months of purchase/ last update	Update within 24..48 months of purchase/ last update
Runtime License	<input type="checkbox"/> free	<input type="checkbox"/> 600 EUR	<input type="checkbox"/> 1200 EUR
USB CDC/ECM Driver Source Code	<input type="checkbox"/> free	<input type="checkbox"/> 1800 EUR	<input type="checkbox"/> 3600 EUR
Add-on License			

Prices do not include VAT.

Electronic delivery, e-mail: \_\_\_\_\_

### Payment Conditions

Invoice (30 days net)       Visa Card       MasterCard

Credit Card Number \_\_\_\_\_ Expire Date (month/year) \_\_\_\_\_

Cardholder Name \_\_\_\_\_ CVC \_\_\_\_\_

I authorize Thesycon to debit my credit card with the amount of the invoice.

I have read and understood the USB CDC/ECM Class Driver license conditions. I agree to the  
USB CDC/ECM Class Driver Software License Agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Komplementärin:  
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Amtsgericht Jena, HRB 503869  
Managing Director: Dipl.-Ing. Ute Eberhardt

Bank: Sparkasse Arnstadt-Ilmenau  
BLZ / sort code: 840 510 10  
Konto / account: 117 000 0300  
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