

**ORDER form no.:02OZ250228**

Provider address:	Elsevier B.V. XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	VAT ID: XXXXXXXXXXXXXXXXXXXXX

[illegible][illegible]

Account number: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

In Prague on: 07.08.2025 **Signature:** xxxxxxxxxxxxxxxxxxxxxx

Date: 07.08.2025 Provider (signature): xxxxxxxxxxxxxxxxxxxxxxxx

Please, include our order number on the invoice. Without this information, we send documents back as incomplete. Attach a copy of this order to your invoice.