advancis.com

estore order form

Customer#

Please fill out and mail form to **advancis.com, 2911 Turtle Creek Blvd #300 Dallas TX 75219.** By submitting this form, you certify that you have read and agree to the Terms and Conditions of Use for the e-business First-aid Kit. See attached agreement

Personal Information

Last name _____ First name _____

Title _____ Company _____

Address _____

_____

City _____ State _____

Zip code _____ Country _____

Email _____

Telephone _____ Fax _____

Identification

(Please choose your PIN and password carefully; this information will give you access to restricted sections of the web site. Limit your entries to 8 characters; use only A-Z, a-z, 0-9)

☐ ☐

PIN _____ Password _____

Web site information

Web site address *http://* _____

Customer affirms that he/she is either (1) the legal owner of the aforementioned web site ("the web site"), (2) an employee of the legal owner of the web site, or (3) has obtained express written permission from the legal owner of the the web site for use of the e-business First-aid kit Service in testing the web site. Customer expressly agrees to indemnify advancis.com from any claims by a third party arising from use of the Service in testing the web site.☐

Payment Information

(Please check one payment option. The fee for the e-business First-aid Kit is US $399/year)

Credit card

☐ Visa ☐ Mastercard ☐ Amex

Card Number _____

Expiration date *(month/day/year)* _____

Cardholder's name _____

3-digit card verification number _____

Signature _____

Issuing Bank _____