advancis.com

estore order form

Customer#

Please fill out and fax form to **(214) 523-9001 (USA)**

Personal Information

Last name _____ First name _____

Title _____ Company _____

Address _____

_____

City _____ State _____

Zip code _____ Country _____

Email _____ Web site _____

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 _____

Software selection

(Prices noted below are for a single-user license. Volume discounts and site licensing opportunities are available.)

Online Advantage

☐ 12 months :: USD 1295 _____ number of user(s)

Payment Information

(Please check one payment option. If your order totals USD 10,000 or more, you must pay via wire transfer only)

☐ **Option 1. Credit card**

☐ Visa ☐ Mastercard ☐ Amex

Card Number _____

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

Cardholder's name _____

3-digit card verification number _____

Signature _____

Issuing Bank _____

☐ **Option 2. Wire transfer** *(Wire transfer information will be provided in your confirmation email)*