# Order Form for the Alysis Compatibility INIT

## Name and Address:

Name

_____

Company:

_____

Street                                                                              Address:

_____

City, State, ZIP: _____ , _____

_____

## Form of Payment (check one):

___ I would like to pay for the Compatibility INIT with my credit card:

Name                                          on                                          card:

_____

Visa__ MC__
Card

#:_____expires:_____

___ I am enclosing a check for the Compatibility INIT and shipping.

___ Please send Compatibility INIT COD.

___ Purchase Order # _____.

## Price (check one):

I understand that I will be billed :

___ Retail                                                      ____ X $99.95 = _____
___ Dealer, VAR, Reseller (I.D. #            _)  ____ X $29.95 = _____

___ Site License

| 1 | station | $99.95 |
|---|---------|--------|

| | | |
|---|---|---|
| 2 - 5 | stations | $69.95 per site |
| 6 - 20 | stations | $49.95 per site |
| 21 - | stations | $29.95 per site |

_____ X $_____  =  _____

CA sales tax     (8.25%)     _____

## Shipping:

UPS service for          $3          _____

Next-Day Air for        $4.75_____

C.O.D              $7          _____

Total _____

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Mail to:                    Alysis Software Corporation

1231 31st Avenue, San Francisco, CA 94122

or        Fax to **415 566 9692**

or        Call in your order at **800 8ALYSIS** (800 825 9747)