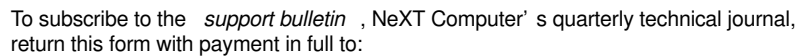


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Call us with your order or if you want additional information.

- Payment must be enclosed. Cash or bill-me orders are not accepted.

Subscriber' s name:		Date:
Company name:		
Address:		
City:	State:	Zip/postal code:
Country:		
Phone:	E-mail:	Fax:

Please check the box(es) that best describe(s) your relationship with NeXT :

<input type="checkbox"/> NeXT Authorized Reseller	<input type="checkbox"/> Higher Education Institution
<input type="checkbox"/> Customer of NeXT	<input type="checkbox"/> Customer of NeXT Reseller
<input type="checkbox"/> NeXT Developer	<input type="checkbox"/> Other (please explain): _____

## support bulletin order form