

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
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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 _____

<p>Mail to:</p> <p>or</p> <p>or</p> <p>9747)</p>	<p>Alysis Software Corporation</p> <p>1231 31st Avenue, San Francisco, CA 94122</p> <p>Fax to 415 566 9692</p> <p>Call in your order at 800 8ALYSIS (800 825</p>
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