

SHAREBIZ ORDER FORM

MY COORDINATES

A receipt will be attached to your shipment. Please mail, e-mail or fax to :

Jean-Pierre MENICUCCI
18 rue de Brest, apt 243
35000 Rennes - FRANCE

Fax : +33 9954-4273
CompuServe : 73261,2701
www:http://ourworld.compuserve.com/homepages/JPMenicucci

YOUR ORDER

Quantity : _____1_____ licences FF 550 / licence. Amount : FF _____550_____ (approximately \$ 110 US)

Your choice : ShareBiz for Windows^(TM) 95 [X]

Important : 3" 1/2 diskettes [X]

YOUR PAYMENT

MasterCard [] Visa [] Number : _____ / _____ / _____ / _____ Expires : __ / __

American Express [] Number : _____ / _____ / _____ Validity : __ / __ thru __ / __

Name on the card : _____

Money order [] Electronic funds transfer [] Check []

YOUR COORDINATES

LICENSE OWNER : _____
(displayed in the "About" menu, Mr, Mrs, Miss X, or company name)

NAME : _____ COMPANY : _____

ADDRESS : _____

COUNTRY : _____ FAX OR E-MAIL : _____

The purchaser understands that ShareBiz and its manual are provided "AS IS" and with no warranty, either expressed or implied. The purchaser warrants that ShareBiz will be used in compliance with the license agreement.

DATE : _____ SIGNATURE : _____