Instant File Access Registration Form

Version 4.00

NOTE: Please see **CREDIT.WRI** for Credit Card ordering information. Orders received using the **Registration Form** from the Instant File Access program group will be processed faster.

(PLEASE PRINT CLEARLY)

Name:		
Company Name: Address:		
City: Zip Code:		State:
Phone:	()	FAX: ()
CompuServe ID:		Internet ID:
No. of users:	(see pricing be	elow)
	1 user 2 to 9 users 10 to 24 users 25 to 49 users 50 to 99 users 100 to 999 users	@ \$25.00 per user @ \$18.00 per user @ \$15.00 per user @ \$13.00 per user @ \$11.00 per user @ \$ 9.00 per user
Send Disk:	\$@	\$4.00 North America \$6.00 Elsewhere
Total:	\$	
Canadian dollars dra		t be in US Dollars drawn on a US bank , o ed from the US Dollar total. We do not ry.
Where did you get	your copy of IFA?	

Optional Information

Computer Name	
Computer Type	
I would like to suggest the following changes/enhancements product	to this

Fill out this order form and mail along with payment in **US dollars drawn on a US bank** to:

Alexoft 507 de la Metairie Nuns' Island, Quebec H3E 1S4 CANADA