

FSA PRODUCT ORDER FORM

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (If we have questions about your order)

Product(s) desired:	<input type="checkbox"/> Metrix	@ \$34.00	\$ _____
	<input type="checkbox"/> StickEm	@ \$12.00	\$ _____
	<input type="checkbox"/> King's Corners	@ \$12.00	\$ _____
	<input type="checkbox"/> HexView	@ \$12.00	\$ _____

Order Subtotal.....	\$ _____
Minus 10% discount if ordering 2 or more products.....	\$ _____
Order Total.....	\$ _____

Diskette format: (Check one) 3.5" 5.25"

The above prices include shipping and handling charges.

Please enclose cash, check or money order. Sorry, we can't take credit cards at this time.

Return this form to:

**Financial Systems Associates, Inc.
148 N. Washington Street
Delaware, Ohio 43015-1725**

We can be contacted on CompuServe at 71641,3244 and on America Online as SRWIZ.