

Order form

Note that disks come with your name and company embedded in the product itself. For multiple disk orders, specify a department name instead of your own name.

Name (required): _____

Company (required): _____

Attention: _____

Address Line 1:

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

<<<<<<<<<<<<<<<<<<<ORDER INFORMATION>>>>>>>>>>>>>>>>>>>

(1 to 5 copies) _____ copies of X-Ray/WINSOCK @ \$230.00 _____

(if more than 5 copies) _____ copies of X-Ray/WINSOCK @ \$200.00 _____

(California residents only) x 8.5% sales tax _____

Total: _____

Method of payment: **VISA**

Mastercard

Credit Card # _____ Expires _____
(required)

Cardholder name _____
(required)

____ Check (Please allow 2 weeks for your check to clear)

____ Cashiers check or money order

Shipping:

Orders are shipped within 5 business days via first class mail.

Thank you for your business!