

Instant File Access Order Form

Version 3.01

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

Alexoft

507 de la Metairie

Nuns' Island, Quebec

H3E 1S4

CANADA

Name: _____

Company Name: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Country:** _____

Phone: () _____

CompuServe ID: _____

Internet ID: _____

No. of users: _____ (see pricing below)

1 to 24 Users @ \$30.00/User

25 to 49 Users @ \$26.00/User

50 to 99 Users @ \$22.00/User

100 and up @ \$15.00/User

Total: \$ _____

NOTE: Payment only accepted by cash or Cheque
and must be in **US Dollars**.

Where did you get your copy of IFA?

Optional Information

Computer Name _____

Computer Type _____

I would like to suggest the following changes/enhancements to this product...
