SensuVoX Invoice

As a registered user of SensuVoX, the complete set of WAVs for the vocalist(s) of your choice, a Unicorn Software program to try, FREE phone, mail, BBS or CompuServe technical support, and a list of FREE and discounted products for Registered Users Only. Please contact Unicorn Software Limited directly for information on volume discounts and site liscenses. To register: check the approprite item(s) below, fill in the necessary information, and select your ordering preference:

Check or Money Order	**Credit Card Orders, Mail**	**Credit Card Orders, Phone**
Unicorn Software Limited	PsL	1-800-242-4775
P.O. Box 117	PO Box 35705	1-713-524-6394
Knob Noster, MO 65336-0117	Houston, TX 77235-5705	1-713-524-6398 (FAX)
U.S.A.	U.S.A.	(THESE NUMBERS ARE FOR ORDERS ONLY!)

On Line Ordering	**In Australia (In AUS$)**	**Purchase Orders**
GO SWREG on CompuServe	Budgetware	From Government organizations, schools,
	PO Box 496	churches, and Fortune 1000 companies **ONLY**.
	Newtown NSW 2042	Orders under $100 add $10 service fee.

[ ]   I would like to order one SensuVoX vocalist file sets. Please send _____ copies for only $14.95 (U.S.) each. I have checked one choice below.

[ ]   I would like to order two SensuVoX vocalist file sets. Please send _____ copies for only $19.95 (U.S.) each.   I have checked two choices below.

[ ]   I would like to order all five SensuVoX vocalist file sets. Please send _____ copies for only $29.95 (U.S.) each.

Vocalist(s) Ordered:

[ ] Ciara
[ ] Linda
[ ] Peter
[ ] Sheree
[ ] Oceania

[ ]   I would like the following disk size: [ ] 3.5"   or [ ] 5.25"

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1) Subtotal for **ONE** vocalist (# of copies X $14.95) $_____
2) Subtotal for **TWO** vocalists (# of copies X $19.95) $_____
3) Subtotal for **ALL** vocalists (# of copies X $29.95) $_____
4) Optional Express Mail over night delivery add $10.95 $_____
5) IF ORDERING BY CHECK OR M.O. TAKE A $5 DISCOUNT! $_____
                                                                        S&H $__4.00__
                                                Amount Enclosed $_____

[ ] I have enclosed payment for the above amount.
            [ ] Please charge my: [ ] Visa   [ ] Mastercard   [ ] AmEx   [ ] Discover
                        (Credit Card Orders **MUST** Be Mailed/FAXed To The PsL Address Above To Be Processed)

   Signature:_____

   Card Number:_____ Exp Date:_____

My name and mailing address is:

   Name: _____

   Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Country: _____