

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 licenses. To register: check the appropriate item(s) below, fill in the necessary information, and select your ordering preference:

Check or Money Order

Unicorn Software Limited
P.O. Box 117
Knob Noster, MO 65336-0117
U.S.A.

Credit Card Orders, Mail

PsL
PO Box 35705
Houston, TX 77235-5705
U.S.A.

Credit Card Orders, Phone

1-800-242-4775
1-713-524-6394
1-713-524-6398 (FAX)
(THESE NUMBERS ARE FOR ORDERS ONLY!)

On Line Ordering

GO SWREG on CompuServe

In Australia (In AUSS\$)

Budgetware
PO Box 496
Newtown NSW 2042

Purchase Orders

From Government organizations, schools, churches, and Fortune 1000 companies **ONLY**.
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"

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 \$ <u>4.00</u>
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: _____