

## CORMIX FAX Order Form

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PLEASE COMPLETE ALL ITEMS THAT APPLY (\*REQUIRED FIELDS)

### Purchaser Details

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Title\*: \_\_\_\_\_

Company/Affiliation\*: \_\_\_\_\_

Billing Address1\*: \_\_\_\_\_

Billing Address2\*: \_\_\_\_\_

City/State/Region\*: \_\_\_\_\_

Country\*: \_\_\_\_\_

Zip/Mail Code\*: \_\_\_\_\_

Telephone\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

### End User Information

REQUIRED IF DIFFERENT FROM PURCHASER/BILLING INFO

User First Name\*: \_\_\_\_\_

User Last Name\*: \_\_\_\_\_

Ship Address1\*: \_\_\_\_\_

Ship Address2\*: \_\_\_\_\_

City/State/Region\*: \_\_\_\_\_

Country\*: \_\_\_\_\_

Zip/Mail Code\*: \_\_\_\_\_

Telephone\*: \_\_\_\_\_

User Email\*: \_\_\_\_\_

### CORMIX Software Licenses

(1 License is required per computer. *Software is key-protected to prevent unauthorized use.*)

License Type\* :     1-year     6-month     3-month     1-month     Other \_\_\_\_\_

# \_\_\_\_\_ Licenses\*    CORMIX:     v11.0GTD     v11.0GTS     v11.0GTH     v11.0GT     v11.0G

**Software Order Total\*:** \_\_\_\_\_ (\$US)

### CorSupport Technical Support Subscription Service

CorSupport pricing depends on your project requirements.

Please **contact us** to discuss your support requirements and for pricing.

### Payment Information

Method\*:     VISA     MasterCard     AMEX     Check     EFT

Name as it appears on Credit Card\* \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date (MM/YY): \_\_\_\_\_

CVN #\* \_\_\_\_\_

Software Total: \_\_\_\_\_

Technical Support Total: \_\_\_\_\_

**Order Total\*:** \_\_\_\_\_ (\$US)

By completing and submitting this form, you authorize the Order Total to be charged to the credit card submitted.