

CORMIX FAX Order Form

MixZon Inc., 1033 SW Yamhill St., Suite 301, Portland, OR 97205-2539 USA

Ph: 503-222-1022

Fax: 503-296-2354

Email: info@mixzon.com

<http://www.mixzon.com>

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: v10.0GTD v10.0GTS v10.0GTH v10.0GT v10.0G

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.