

**CORMIX FAX Order Form**

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

Purchaser Details	End User Information REQUIRED IF DIFFERENT FROM PURCHSER/BILLING INFO
First Name*: _____	User First Name*: _____
Last Name*: _____	User Last Name*: _____
Title*: _____	Ship Address1*: _____
Company/Affiliation*: _____	Ship Address2*: _____
Billing Address1*: _____	City/State/Region*: _____
Billing Address2*: _____	Country*: _____
City/State/Region*: _____	Zip/Mail Code*: _____
Country*: _____	Telephone*: _____
Zip/Mail Code*: _____	User Email*: _____
Telephone*: _____	
Email*: _____	

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

License Type\* :  Purchase       Lease ( Yearly Lease or # \_\_\_\_\_ months)

# \_\_\_\_\_ Licenses\*    CORMIX:     v6.0GTD       v6.0GTS       v6.0GT       v6.0G

Software Order Total\*: \_\_\_\_\_ (\$US)      Software Purchase Code: \_\_\_\_\_ (optional)

**CorSupport Technical Support Subscription Service**

Subscription Type \* :  1-year     6 month     3 month     1 month    Subscriber Email\*: \_\_\_\_\_

CorSupport Total\* : \_\_\_\_\_ (\$US)      Support Purchase Code: \_\_\_\_\_ (optional)

**Payment Information**

Method\*:     VISA       MasterCard       AMEX       Check       EFT

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

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

Software Total: \_\_\_\_\_      CVN #\* \_\_\_\_\_

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

Media & Shipping: \_\_\_\_\_ (Optional: USA \$115 USPS / \$180 FedEx; International: \$350 FedEx).

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

<b>MixZon Office Use Only</b> Order # _____	Ship Date _____	Tracking# _____
EmpCode _____	Auth# _____	LicenseID _____
		PurchaseID _____