

# Order Form for the Alysis Compatibility INIT

Name and Address:

Name

Company:

Street

Address:

City, State, ZIP: \_\_\_\_\_ , \_\_\_\_\_  
\_\_\_\_\_

Form of Payment (check one):

\_\_\_ I would like to pay for the Compatibility INIT with my credit card:

Name \_\_\_\_\_ on \_\_\_\_\_ card:

\_\_\_\_\_  
Visa\_\_ MC\_\_  
Card

#: \_\_\_\_\_ expires: \_\_\_\_\_

\_\_\_ I am enclosing a check for the Compatibility INIT and shipping.

\_\_\_ Please send Compatibility INIT COD.

\_\_\_ Purchase Order # \_\_\_\_\_.

Price (check one):

I understand that I will be billed :

\_\_\_ Retail \_\_\_\_\_ X \$99.95 = \_\_\_\_\_  
\_\_\_ Dealer, VAR, Reseller (I.D. # \_\_\_\_\_) \_\_\_\_\_ X \$29.95 = \_\_\_\_\_

\_\_\_ Site License

1	station	\$99.95
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2 - 5	stations	\$69.95 per site
6 - 20	stations	\$49.95 per site
21 -	stations	\$29.95 per site

\_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_  
 CA sales tax (8.25%) \_\_\_\_\_

Shipping:

UPS service for \$3 \_\_\_\_\_  
 Next-Day Air for \$4.75 \_\_\_\_\_  
 C.O.D \$7 \_\_\_\_\_

Total \_\_\_\_\_

<p>Mail to:</p> <p>or</p> <p>or</p> <p>9747)</p>	<p>Alysis Software Corporation</p> <p>1231 31<sup>st</sup> Avenue, San Francisco, CA 94122</p> <p>Fax to <b>415 566 9692</b></p> <p>Call in your order at <b>800 8ALYSIS</b> (800 825</p>
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