

Q P 4GSingle User InvoiceH5

M GPRemit to: From:H

M PSoftware Co-op _____
M P5437 Honey Manor Dr _____
M PIndianapolis IN 46241 _____

M Por VISA/MC call: _____
M P317-856-6052 _____

M P (Check all that apply)

M P[] Send me 1 copy of the fully registered GDMPLASH package
M P including DMPLAS Soft Fonts and DOWNLOAD at 44.00

M P[] Send me ___ copies of the fully registered GDMPLASH package
M P The first copy costs \$32
M P Additional copies cost \$28 each. _____ .00

M P[] Send me ___ copies of GDMPLASH @without the Soft Font Package
M P or DOWNLOAD at \$32 each _____ .00

M PShipping and Handling for the above 65.00

M P[] Send me ___ copies of the current GDMPLASH distribution
M P diskette at \$5 each (shipping included) _____ .00

M PRapid shipping surcharge
M P [] 2nd day air - \$10 [] Next day air - \$15 _____ .00

M P Invoice Total: \$ _____ .00

M PI need [] 5 1/4" (360k) [] 3 1/2" (720k) disks

M P-----
M P Checks, Money Orders, VISA, MasterCard are accepted. Written Purchase
M P Orders are accepted for quantity purchases and site licenses from most
M P companies, schools, and governmental units. Terms NET 30.†

M PVISA/MC # _____ Exp Date: ___ / ___

M PSignature _____ Phone _____

M PTo Purchasing, Accounts Payable:

M PNote that DMPLAS has been delivered and accepted by the customer. Upon
M Preceipt of this paid invoice, printed manual(s) and current disk(s) will
M Pbe sent.

M POur federal employer ID number is 35-1689317.

M P-----

