



iMODEM SALES ORDER

Contact Information

Contact Name: _____
 Phone: _____
 Fax: _____
 E-mail Address: _____

Billing Information

Company: _____
 Attention: _____
 Address: _____
 City: _____
 State: _____
 Zip/Postal Code: _____
 Country: _____

Shipping Information

Company: _____
 Attention: _____
 Address: _____
 City: _____
 State: _____
 Zip/Postal Code: _____
 Country: _____

Order Information

PO Number: _____

<u>Product</u>	<u>Quantity</u>	<u>Delivery Date</u>	<u>1-9 Units</u>
<input type="checkbox"/> CH2124	_____	_____	\$63.95
<input type="checkbox"/> CH2160	_____	_____	\$79.95
<input type="checkbox"/> CH2166	_____	_____	\$99.95

For CH2124, CH2160 and CH2165 please provide **E-mail Address, Billing Information, iModem ID and Password**. For both, the iModem and Password, they should be 8-10 alphanumeric characters in length. Blanks and other special characters (except the period, dash and underscore mark) are **NOT ALLOWED. THIS PARAMETER IS CASE SENSITIVE.**

iModem ID: _____ Password: _____

Shipping Method

Domestic: UPS Overnight UPS 2-Day UPS 3-Day UPS Ground
 FedEx Priority Overnight FedEx Standard Overnight FedEx 2nd Day

International: UPS Worldwide Express (2-3 Day) UPS Worldwide Expedited (2-5 Day) FedEx International Express

Please provide account number if you would like S&H fees to be charged to your company account:

UPS Account: _____

FedEx Account: _____

Payment Method

Visa MasterCard Cash-In-Advance Wire Transfer
 C.O.D. (\$10 Service Fee will be asses to all C.O.D. Orders)

Account Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Please fax completed order from to (408) 752-5004.