

ICDD ORDER/QUOTATION FORM

ICDD Customer Service / Fax: 610.325.9823

PLEASE PRINT OR TYPE

* Required information (where the database/software is installed)

Ordered By: _____ Date: _____

*Organization _____

*End User Name _____

*Department _____

*Street Address _____

(No P.O. Boxes)

*Address2 _____

(Building/Room#)

*City _____ *Postal Code _____

*State or Province _____ *Country _____

*Telephone _____ *Fax _____

E-mail Address _____ Web Site _____

ICDD Customer No. (if known) _____ Most recent Order No. (if known) _____

Current Set/Release in use (Product Serial #) _____

Items Ordered	Code	Quantity	Price (US\$)

*Company Classification Book Dealer Corporation Degree-Granting Institution
 Vendor Government Institute
 Other _____

Areas of Interest Minerals Metals Ceramics Organics Cement
 Polymers Pharmaceuticals Other _____

PLEASE CHECK ONE:

Order—Credit Card Payment

Credit Card Type VISA MasterCard American Express

Credit Card No. _____ Expiration Date _____

Name on Card _____

(Please print)

Order—Bill me Please send quotation Please send Proforma

Terms are net 30 days, unless order is Proforma/Prepay.

Finance charges of 1.5% per month may be applied to overdue balances.

Note: Shipping/handling charges will be added to your invoice. Duties and taxes are not included in the pricing and are the sole responsibility of the customer.