

ICDD ORDER/QUOTATION FORM

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) _____

*Address (Building/Room#) _____

*City _____ *Postal Code _____ *State/Province _____ *Country _____

*Telephone _____ *Fax _____ *Email _____

Website _____

ICDD Customer No. (if known) _____ Current/Release (Product Serial #) _____

ITEMS ORDERED	CODE	QUANTITY	PRICE (USD\$)

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

*Billing Address (if different from Above): If paying with credit card, address must be where card is issued.

*First Name _____ *Last Name _____

*Organization _____

*Address _____

*Address (Building/Room#) _____

*City _____ *Postal Code _____ *State/Province _____ *Country _____

*Telephone _____ *Fax _____

Please check one:

Order - Bill me Please send quotation Please send Proforma

Credit Card Payment

Credit Card Type: VISA MasterCard American Express

Credit Card No. _____ Expiration Date _____

Name On Card (Please Print) _____ CVV# _____

SIGNATURE _____ Date _____

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.



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