

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

<input type="checkbox"/> Book Dealer	<input type="checkbox"/> Corporation	<input type="checkbox"/> Degree-Granting Institution
<input type="checkbox"/> Vendor	<input type="checkbox"/> Government	<input type="checkbox"/> Institute <input type="checkbox"/> 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:

<input type="checkbox"/> Order - Bill me	<input type="checkbox"/> Please send quotation	<input type="checkbox"/> Please send Proforma
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Credit Card Payment

Credit Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card No.	Expiration Date		
Name On Card (Please Print)	CVV#		

SIGNATURE	Date
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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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