



Important! Firefox currently doesn't support interactive PDF forms. Please choose a different browser.



ICDD Order/Quotation Form

Please complete entire form
Print or Type

Date _____

Please Check One:

Order-Bill Me

Please Send Quotation

Please Send Proforma

End-User (where the database/software is installed and used; person responsible for license)

End-user Company _____

End-User: First Name _____ Last Name _____

Department _____

Street Address (No P.O. Boxes) _____

Address (Building/Room No.) _____

City _____ Postal Code _____ State/Providence _____

Country _____

Phone _____ Mobile Phone _____

Email _____ Website _____

ICDD Customer Account No. (If known) _____

I currently use: _____ Release Year _____ Product Serial No _____

I currently use: JADE Standard JADE Pro None

Product Serial No _____

Ship to address the same as End-User

Ship To (if different from End-User)

Organization _____

Ship To: First Name _____ Last Name _____

Department _____

Street Address (No P.O. Boxes) _____

Address (Building/Room No.) _____

City _____ Postal Code _____ State/Providence _____

Country _____

Phone _____ Mobile Phone _____

Email _____ Website _____

Order Details

Items Ordered	Media Type			Quantity	Price (\$USD)
_____	DVD	USB	Download	_____	_____
_____	DVD	USB	Download	_____	_____
_____	DVD	USB	Download	_____	_____
_____	DVD	USB	Download	_____	_____
_____	DVD	USB	Download	_____	_____
_____	DVD	USB	Download	_____	_____

Company Classification

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

*Academic Pricing Policy

An academic price is awarded to degree-granting (Assoc., B.S., M.S., Ph.D.) institutions and organizations that provide resources for student's course work that are affiliated with the degree-granting institution. Institutions may be required to submit documentation to verify eligibility. Please consult ICDD's price list for eligible products.

Billing Address (If different from End-User):

If paying with credit card, address must be the billing address.

First Name _____ Last Name _____

Organization _____

Address _____

Address (Building/Room No.) _____

City _____ Postal Code _____

State/Providence _____ Country _____

Phone _____ Email _____

Terms are net 30 days, unless order is Proforma/Prepay. Finance charges of 1.5% per month may be applied to overdue balances. 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.

NOTE: All ICDD Order/Quotations are processed in a first-in/first-out basis. When your request has been received, it will be placed in our queue for processing. If we need additional information we will contact you. Thank you.

Credit Card Payment

Credit Card Type: Visa MasterCard American Express

Name On Card (Please Print or Type) _____

Signature _____ Date _____

Credit Card No _____ Expiration Date _____ CVV No. _____

ICDD Quote-Order Form: Please submit by emailing to sales@icdd.com or faxing to 610-325-9823