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## 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/Province \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

ICDD Customer Account No. (If known) \_\_\_\_\_

I currently use: PDF-2 PDF-4+ PDF-4/Organics PDF-4/Minerals PDF-4+/Web PDF-4/Axiom None

Release Year \_\_\_\_\_ Product Serial No \_\_\_\_\_

I currently use: JADE Standard JADE Pro

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/Province \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

## Order Details

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

## 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](mailto:sales@icdd.com) or faxing to 610-325-9823