

# 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)

Organization \_\_\_\_\_

End-User Name \_\_\_\_\_

Department \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

Address (Building/Room No.) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

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

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

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

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

Ship to address the same as End-User

## Ship To (if different from End-User)

Organization \_\_\_\_\_

Ship To Name \_\_\_\_\_

Department \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

Address (Building/Room No.) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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. The name of the institution must appear on the degree in order to qualify for the academic pricing. 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/Province \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Credit Card Payment

**Credit Card Type:**      Visa      MasterCard      American Express

Credit Card No \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name On Card (Please Print or Type) \_\_\_\_\_ CVV No. \_\_\_\_\_  
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. 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.

