

Fax Order Form

Please complete and fax to (705) 726-5039

| | | | |
|---------------|-------------|---------------|-------------|
| Full Name: | | | |
| Company: | | | |
| Address: | | | |
| City: | | State / Prov: | |
| Postal / Zip: | | | |
| Phone: | () - | Fax: | () - |
| Email: | | | |

| Delivery Method | Price (Prices in U.S. dollars.) | Qty. | Ext. Price |
|---|------------------------------------|------|------------|
| Download | \$275.00 | | |
| Canadian residents add 7% goods and services tax. Ontario residents add 8% sales tax: | | | |
| Total: | | | |

Payment Method (Check One): Visa MasterCard

Card Number: _____

Signature: _____

Name on card: _____

Credit Card Expiry Date: _____

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