

**estore order form**

Customer#

Please fill out and fax form to **(214) 363-6785**. By submitting this form, you certify that you have read and agree to the Terms and Conditions of Use for the e-business First-aid Kit. See attached agreement

**Personal Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

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

**Identification** (Please choose your PIN and password carefully; this information will give you access to restricted ☐ sections of the web site. Limit your entries to 8 characters; use only A-Z, a-z, 0-9)

☐ PIN \_\_\_\_\_ Password \_\_\_\_\_

**Web site information**

Web site address http://

*Customer affirms that he/she is either (1) the legal owner of the aforementioned web site ("the web site"), (2) an employee of the legal owner of the web site, or (3) has obtained express written permission from the legal owner of the the web site for use of the e-business First-aid kit Service in testing the web site. Customer expressly agrees to indemnify advancis.com from any claims by a third party arising from use of the Service in testing the web site.* ☐

**Payment Information** (Please check one payment option. The fee for the e-business First-aid Kit is US \$399/year)

**Credit card**

☐ Visa ☐ Mastercard ☐ 5a YI

Card Number \_\_\_\_\_

Expiration date (month/day/year) \_\_\_\_\_

Cardholder's name \_\_\_\_\_

3-digit card verification number \_\_\_\_\_

Signature \_\_\_\_\_

Issuing Bank \_\_\_\_\_