estore order form

Personal Information

Customer#

Please fill out and mail form to **advancis.com**, **2911 Turtle Creek Blvd #300 Dallas**, **TX 75219**. By submitting this form, you certify that you have read and agree to the Terms and Conditions of Use for the Web Check service. See attached agreement.

Last name Title Address		First name Company	
City Zip code Email		State Country	
Telephone		Fax	
Identificatio	n (Please choose you sections of the wea	r PIN and password carefully; this information will give you o site. Limit your entries to 8 characters; use only A-Z, a-z, Password	access to restricted 0-9)
Web site info Web site address	http:// Customer affirms the	at he/she is either (1) the legal owner of the aforementione he legal owner of the web site, or (3) has obtained express	
	the legal owner of th	e the web site for use of the Web Check Service in testing agrees to indemnify advancis.com from any claims by a thi	the web site.
Payment Info	Check	e check one payment option. The fee for the Web Check sen here \square if you would like to order the automated weekly ve $S 50)	
	Credit card	Visa Mastercard Card Number Expiration date (month/day/year) Cardholder's name 3-digit card verification number* Signature Issuing Bank	

^{*} Visit http://advancis.com/estore/EU/cc_verification.html for details on locating this number.