

estore order form

Customer# _____

Please fill out and fax form to **(214) 523-9001**

Personal Information

Last name _____ First name _____

Title _____ Company _____

Address _____

City _____ State _____

Zip code _____ Country _____

Email _____ Web site _____

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 marketing guide Licensing Program selection (Please select one licensing option)

- Single-user license - 1 year** (US \$209) Platform Mac Windows
- Corporate license* - 1 year** (US \$1295) Platform Mac Windows
*Unlimited number of users (within the same organization)

Payment Information (Please check one payment option)

Credit card

Visa Mastercard Eurocard

Card Number _____

Expiration date (month/day/year) _____

Cardholder's name _____

3-digit card verification number* _____

Signature _____

Issuing Bank _____

* Visit http://advancis.com/estore/Namerica/cc_verification.html for details on locating this number.