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AZALEA SOFTWARE ORDER FORM

PLEASE COMPLETE THIS FORM AND MAIL, FAX OR EMAIL IT TO THE ADDRESS ABOVE. STANDARD SOFTWARE DELIVERY IS VIA EMAIL.

BILL TO:	SHIP TO: SAME AS BILL TO	
Company Name	Company Name	
Contact Name	Contact Name	
Street Address	Street Address	
City, State, ZIP/Postal Code	City, State, ZIP/Postal Code Country Phone	
Country		
Phone		
Email Address	Email Address	

Quantity	Win Mac	Product Name	License Type	Price
			WA STATE: PLEASE ADD 9.5% SALES TAX	

TOTAL

PAYMENT INFORMATION			
□VISA □MASTERCARD □AMERICAN EXPRESS □PO# □CHECK#			
Card #:	Expiration date:		
Name on card:			