

Name _____

Organization _____

Address _____ (Not a PO Box, please)

City _____ State/Prov _____ Postal Code _____

Country _____

Phone _____ Email _____

ADD USERS TO AN EXISTING GROUP LICENSE

Enter existing license number here: _____

Description	Unit Price	Qty	Amount
InFOREMAX Premium Package	Per-User (1-5: \$449 // 6-11: \$359 // 12+: \$319)		
InFOREMAX Subscription Plan	Per-User/Month (1-5: \$25 // 6-11: \$20 // 12+: \$18)		
		Total	

Note

Payment

Visa . MasterCard American Express

Card number _____

Expiration (month/year) ____ / ____

Name as appears on card _____

Signature _____

Billing Address _____

City _____ State/Prov _____ Postal Code _____

Country _____