



Customer Information (Please Print)

Company Name

Complete Street Address, PO Box, or Rural Hwy Contract Route and Box # Apt/Suite #

City

State

ZIP + 4® Code

Contact Name

Telephone Number (Include area code)

E-mail Address

Fax Number (Include area code)

Product Information

Product Number

Version Number

Product Name

Hardware Platform

Software Platform

Test Ordered

- 010 102 201 211 220 309 319
- 011 103 202 212 301 311 320
- 012 104 203 213 302 312 321
- 013 105 204 214 303 313 322
- 020 106 205 215 304 314 323
- 021 107 206 216 305 315 330
- 023 110 207 217 306 316 600
- 024 111 208 218 307 317 602
- 025 112 209 219 308 318 607
- 101 120 210

Evaluation Charges

Initial Tests: X \$250 =

(Test File \$50, test evaluation \$200)

Additional test(s): X \$35 =

Total:

Reason for Charges

Cycle

round testing

Out of cycle order

Payment

Payment Method

Make check or money order payable to "United States Postal Service"

- Check Money Order Visa MasterCard
- Discover Diners Club American Express

Card #

Card expiration date: ____ / ____ (MM/YY)

Authorized Personnel (please print)

Signature

The signature above indicates that signee accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer

Mail or fax completed order form to:

ACCOUNTS RECEIVABLE
 NATIONAL CUSTOMER SUPPORT CENTER
 UNITED STATES POSTAL SERVICE
 6060 PRIMACY PKWY STE 101
 MEMPHIS TN 38188-4409

FAX: 901-681-4409

*If paying by check or money order, mail payment and completed order form to the address above.

For USPS Use Only

Control Number

Check Number