

SOFTWARE *Plus*

Credit Card/ Check Order Form

Please fill out this form and fax it over to Software Plus so that we have a record of your order on file.

- **Email address is required for all orders!!**
- **Along with the form we will need a form of ID.**
- **If you are faculty/staff, please include your faculty ID, pay stub or a letter from the school.**
- **If you are a student please include your student ID or class schedule.**
- **The ID can either be scanned, faxed or emailed to Software Plus along with this form.**
- **Any questions please contact us.**

Vendor-

Software Plus
10880 Baur Blvd.
St. Louis MO 63132
Attention-Academic Dept.
Phone # 888-251-7638 x2800
Fax # 314-692-0856 or 314-692-0925

Bill To Information-

Name
Address
City-State-Zip
Phone Number
School Name
PO NUMBER

Ship To Information

Contact Name:
School Name:
Address
City-State-Zip
Phone Number
***Email Address:

Credit Card Information

Credit Card Number
Expiration Date
Name on Credit Card

Order-please supply a description of product, part number, quantity and price.

Shipping of \$7.00 will be added to order

Product Description	Part#	Platform (M/ W)	Qty	Price	Total