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FAX: 918-743-6616

Order Information

Business Name _____

Shipping Address: _____

Primary Contact: _____ Telephone: _____

Email: _____ Fax Number: _____

Billing Contact: _____ Telephone: _____

Email: _____ Fax Number: _____

Billing Address: _____

Amount of Data: _____ Estimated Monthly Price: _____ (\$4/GB)

(Account will have double the capacity that you put here for retention purposes. You will only be billed on the amount of data stored.)

Log Checking Service (\$0.25/GB)

Exchange Brick Level License(s) _____ (\$8/per)

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Payment Method

Options: Prepaid Monthly by Check (Credit Card still needed on file)
Card Type: Visa MasterCard American Express Discover
Name on Card: _____
Card No: _____
Ex. Date: _____ Zip Code: _____ V-Code: _____

Accepted & Confirmed By:

Date : _____
Name: _____
Signature: _____
Title: _____

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Please Fax Form to 918-743-6616