



Order Form

Please print, complete and fax or mail this order form with payment information to the number or address below.

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone: _____ Fax: _____

Email Address: _____

Serial Number on Evaluation Copy: _____

| Includes 1 Year Maintenance Plan | Price | Qty | Extend Price |
|--|-----------|-----|--------------|
| ExpressSQL Single Seat License | \$ 179.00 | | |
| Total Charges (please total, no charge for shipping) | ----- | --> | \$ |

Payment: MasterCard Visa AmerExpress Discover Check Enclosed
 Purchase Order (US & Canada Only, sign & attach, subject to approval)

Card Number: _____ Expiration: ____ / ____

Exact Name On Card: _____

Card Billing Address: _____

Authorized Signature: _____ (required, all orders)

Please fax or mail order form to:

Express Technology
P.O. Box 372
Fairhope, AL 36533
Phone: 888-565-0127 or 251-929-3200
Fax: 888-891-8292 / 251-929-3211