

# Linguist's Software Order Form for Non-Linguist's Software Products

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Quantity	Product (Specify for MAC or WINDOWS)	Unit Price	Total Cost \$

<b>Shipping &amp; Handling</b>	<u>First Unit</u>	<u>Additional Units@</u>	
<b>Priority Mail</b> (required for PO Box)	\$11.00	\$1.00	Shipping/Handling (See Table) _____
<b>US 48 States: DHL Ground</b>			Washington State Residents Only
UPS Ground	\$16.00	\$1.00	Sales Tax will be added _____
UPS Second-Day Air	\$27.00	\$1.00	C.O.D. \$8.00 (if requested) _____
UPS Next-Day Saver	\$59.00	\$1.00	
<b>CANADA Air Mail</b>	\$12.00	\$1.00	<b>Total</b> _____
<b>Mexico Air Mail</b>	\$15.00	\$1.00	
<b>Overseas Air Mail</b>	\$19.00	\$3.00	
<b>DHL Overseas Express</b>	\$69 and up	\$4 and up	

Bill my Visa/MC/AMEX/Discover # \_\_\_\_\_ Expires: mo. \_\_\_\_\_ yr. \_\_\_\_\_

Security Code: Visa/MC/Disc 3 extra #'s on the back of card: \_\_\_\_\_ AMEX, 4 #'s on front \_\_\_\_\_

I receive my credit card bill at: \_\_\_\_\_

Cardholder's Name (please print legibly): \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

I ACCEPT THAT NON-LINGUIST'S SOFTWARE PRODUCTS ARE NOT REFUNDABLE;

**Mail To:** Linguist's Software • PO Box 580 • Edmonds WA 98020-0580 • USA • **or FAX To:** (425) 771-5911  
 Hours: Western US, 9am-5pm • Phone: (425) 775-1130 • e-mail: sales@linguistsoftware.com • Web: www.linguistsoftware.com