

**Use this form for orders originating outside of the USA only.**

**1. Print form**

**2. Complete sections A, B, C, and D below**

**3. To return by fax, Sales Department fax number is (707) 579-5756.**

**- or -**

**To return by email, save form and email to [sales@automatedsolutions.com](mailto:sales@automatedsolutions.com)**

**If you are working with an Automated Solutions Salesperson, please enter name:**

<b>Salesperson name</b>	
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**A. COMPANY / CONTACT INFORMATION*****Licensed User (individual, not company)***

Name	
E-Mail	
Phone	

***Purchasing Contact (not required for credit cards)***

Name	
E-Mail	
Phone	

***Bill To (required)***

Company Name	
Address	
City	
State/Province	
Zip	
Country	
Phone	
Fax	

***Ship To (if different than Bill To)***

Company Name	
Address	
City	
State/Province	
Zip	
Country	
Phone	
Fax	

**B. PRODUCT**

*Please specify information from quotation or product web page.*

<b>Item 1</b>	
Catalog Item	
Price	
Quantity	
Description	

<b>Item 2</b>	
Catalog Item	
Price	
Quantity	
Description	

<b>Item 3</b>	
Catalog Item	
Price	
Quantity	
Description	

<b>Item 4</b>	
Catalog Item	
Price	
Quantity	
Description	

<b>Item 5</b>	
Catalog Item	
Price	
Quantity	
Description	

## **C. SHIPPING:**

***We no longer physically ship orders outside of the US.***

All international customers receive product links via email.

Products can then be downloaded via Internet Web Browser.

## **D. PAYMENT**

***Indicate payment method (required):***

**Wire Transfer (refer to section D1)**

**Cashier's Check (use information from section D2)**

**Credit Card (complete section D3)**

**D1. WIRE TRANSFER ORDERS:**

**Wire transfer orders carry a \$35 fee to cover bank charges. If you would like to pay via wire transfer, add \$35 US.**

Note: Wire transfer orders are subject to bank delays (usually several days). Download information is sent as soon as our bank has notified us of receipt of funds. We cannot ship product until our bank has received funds.

**For urgent orders, consider ordering via purchase order or credit card.**

After we receive your completed order form, we will email you with our bank information. Wire Transfer must indicate US Dollars.

**D2. CASHIERS CHECK ORDERS:**

**Make check payable to:**

Automated Solutions, Inc.

**Send to:**

Automated Solutions, Inc.  
 1415 Fulton Rd. STE 205 PMB 412  
 Santa Rosa, CA, USA 95403

**Cashier Check must indicate US Dollars.**

**D3. CREDIT CARD ORDERS**

**All fields are required**

Note: Credit card orders are processed same day. Download information is sent as soon as credit card information is approved. This is generally the quickest ordering method.

Card type	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Card number	_____ - _____ - _____ - _____
Expiration date	____ / ____
Name on card	
Billing Address	(street number and name only)
Billing Zip Code	
CVV2 Number	(VISA/MC last three digits on back, AMEX four digits on front)