



Order Form PLAXIS Software

ORDER:

	US\$
	US\$
	US\$
Shipping & Handling	US\$ 75.00
Total Order	US\$

DELIVERY ADDRESS:

Company	
Name	
Address	
City, State, Zip	
Phone	Fax
Email	
User Name (if different):	
User Email	Phone

PAYMENT METHOD:

Check Enclosed Invoice Me Purchase Order No.: _____

You will receive a temporary code (expires 30 days from date of purchase). When payment in full and a signed End User License Agreement are received, you will be issued a permanent code. Payment is due upon receipt of invoice.

BILLING ADDRESS:

Company	
Name	
Address	
City, State, Zip	
Phone	Fax

RETURN TO LOCAL PLAXIS AGENT:

Attn: Johanna Thompson
 Lachel & Associates, Inc.
 11411 NE 124th St., Suite 275, Kirkland, Washington 98034
 T. (425) 820-0800 F. (425) 820-9892
 Email: jthompson@lachel.com