

ORDER FORM

			ORDER DATE	
of lading, an	d acknowledge	appear on all invoices, bills ments relating to this PO:(Government& Universities only)		
SHIP TO: Name		PAYMENT & ADDRE	Digiwest	
Address			c/o Sales Departn	
-			610 SW Alder St. Portland, OR 970	
City Email		State Zip Phone	sales@digiwest.c	
			one 503.224.2765	<u>011</u> 1
			Fax 503.273.8169	
	Arizona Custor	ners please add 7.6% Sales Tax:		
QTY	Product Code	DESCRIPTION	UNIT PRICE	AMOUNT
	HS01DIGI	HiSafe Software Single User License -Companion software to AASHT Highway Safety Manual (HSM) Single User License.	O's \$500	
	HS05DIGI	HiSafe CD (CD's shipped to your billing address. Can order extra CD's up to the license maximum	\$10 subtotal	
		IFY US IMMEDIATELY IF THIS	SHIPPING	
			ΓΑΧ AZ only @ 7.6%	
			OTHER	
			TOTAL	
Paymen	t Method:	M/C VISA Check #*		Office Use Only
CARD#			_	
	EXPIRES	/ SEC CODE		
	APPROVED BY	DATE		

^{*} Copy of Purchase order must accompany this order, PO's accepted from government agencies and Universities only.

Mail or fax this form to Digiwest at the address/fax no. above.

