



Customer Information:

Name:	
Phone:	Email:
Billing Address:	Company Name:
	Street Address:
	City, State, Zip:
Shipping Address: (If different than above)	Company Name:
	Street Address:
	City, State, Zip:
Contact Person: (If different than above)	Name: _____ Phone: _____

Equipment Order:

Item	Description	Unit Price	Qty	Total Price
1	IM Verifier Kit (Part #C02381) <i>Includes Intelligent Mail® Barcode Capability!</i>	\$3,995		
2	Mounting Kit (Part #C02382)	\$399		
3	Alarm Light Kit (Part #C02384)	\$199		
4	Network Kit (Part #C02383) <i>Enables plug and play installation</i>	\$125		
5	IMB Upgrade Kit (Part # C02437) <i>(Adds Intelligent Mail® Barcode inspection capability to IM Verifiers purchased prior to January 1, 2007)</i>	\$299		
Sales Tax*:				
Freight:				\$15.00
TOTAL:				

* CA, DE, FL, NY, TX, VA & VT please enter appropriate sales tax, or submit a Tax Exempt Form with your order.

Payment Method:

Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover
	Number: _____ Exp: _____
Purchase Order:	PO Number: _____ (Please submit PO with this form)

