

Contact Information

Please print legibly

Date Ordered: _____

Name: _____
 Company: _____
 Address: _____

Title: _____
 Phone: _____
 Fax: _____
 Email: _____

Credit Card: Visa MC AMEX (Circle one)
 Name on Card: _____
 Billing Address: _____

Credit Card #: _____
 Expiration: _____ / _____ (MM/YY)
 Billing Zip: _____ (US only)

Licensing

<i>Developer Licenses (required for all developers)</i>	Price
New License: <input type="checkbox"/> Mac (\$295) <input type="checkbox"/> Win (\$295) <input type="checkbox"/> Both (\$575)	_____
Upgrade License: (valid from v3 only) <input type="checkbox"/> Mac (\$250) <input type="checkbox"/> Win (\$250) <input type="checkbox"/> Both (\$475)	_____
Individual 4D Server Deployment Licenses (\$249 per server per deployment of Mac or Windows, \$475 for both)	
<i>Requires Developer License Purchase.</i> Enter 4D Server serial #'s here: (To obtain the server serial number in 4D 2004 or later, use the 4D GET SERIALINFORMATION command.)	
1. _____	3. _____
2. _____	4. _____
Total Number of 4D Licenses Requested: _____ x \$249 (Mac or Win) = Price	_____
Total Number of 4D Licenses Requested: _____ x \$475 (Both) = Price	_____
Annual OEM Unlimited Deployment Licenses (Choose one)	
4D Server OEM Deployment License <input type="checkbox"/> Mac (\$595) <input type="checkbox"/> Win (\$595) <input type="checkbox"/> Both (\$1175)	_____
4D Engine OEM Deployment License <input type="checkbox"/> Mac (\$245) <input type="checkbox"/> Win (\$245) <input type="checkbox"/> Both (\$475)	
or	
4D Server & Engine Deployment License <input type="checkbox"/> Mac (\$795) <input type="checkbox"/> Win (\$795) <input type="checkbox"/> Both (\$1575)	_____
<i>Customers who currently have an OEM license will receive a credit for their unused license term.</i>	_____
SOFT SOLUTIONS	
Soft Solutions, Inc. 2900 Chamblee Tucker Rd. Building 12, Suite 200 Atlanta, GA 30341 770.457.9400 phone http://www.softsinc.com 770.454.9800 fax sales@softsinc.com <i>All licenses will be delivered via email to the name and email address provided above. Please allow 24 hours for delivery. All prices are in US Dollars</i>	Subtotal _____ Discount <i>-if applicable</i> (4-Sight FAX U&S Plan customers subtract 50%) _____ Sales Tax (GA residents only) _____ Total _____