



Order Form

Dear valued customer:

Please use this form to fill in your order information for your diagnostic equipment Please save the form and send as attachment by e-mail or print and mail to the address below.

ORDER				
First Name: _____	Last Name: _____			
Company: _____	Country: _____			
Address: _____	City: _____			
State/Province: _____	Zip/Postal code: _____			
Phone: _____	E-mail: _____			
Fax: _____	Web: _____			
PURCHASE INFORMATION				
<i>Product</i>	<i>Quantity</i>	<i>Price</i>	<i>Shipping</i>	<i>For internal use only</i>
iDS	_____	\$1,795.00	<i>In co-ordination with customer</i>	
K.P.S. (combination*)	_____	\$275.00		
K.P.S. (separately**)	_____	\$375.00		
Scan-Sea	_____	\$1,095.00		
Scan-Snow	_____	\$1,095.00		
Scan-Land	_____	\$1,095.00		
Scan-Marine	_____	\$1,095.00		

*Key Programming System purchased in combination with iDS

**Key Programming System purchased separately

Thank you for your order.