



Name: _____

School Name: _____

FAX TO: 208.955.7861

Shipping Address (No PO Boxes): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Telephone: _____

Email *(required for online video access)*: _____

What prompted your purchase today?

<input type="checkbox"/> Dealer	<input type="checkbox"/> Email Newsletter	<input type="checkbox"/> Home Designer Software
<input type="checkbox"/> Referral	<input type="checkbox"/> Postcard	<input type="checkbox"/> Tradeshow
<input type="checkbox"/> Web Search	<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Other _____

Support & Software Assurance Renewal Options	Qty	1 Year SSA	Total
1 Year Renewal for 1 Seat Academic License	_____	\$ 95	\$ _____
1 Year Renewal for 5 Seat Academic Lab Pack	_____	\$ 375	\$ _____
1 Year Renewal for 10 Seat Academic Lab Pack	_____	\$ 495	\$ _____
1 Year Renewal for 15 Seat Academic Lab Pack	_____	\$ 595	\$ _____
1 Year Renewal for 20 Seat Academic Lab Pack	_____	\$ 695	\$ _____
1 Year Renewal for 25 Seat Academic Lab Pack	_____	\$ 745	\$ _____
1 Year Renewal for 30 Seat Academic Lab Pack	_____	\$ 845	\$ _____
1 Year Renewal for 35 Seat Academic Lab Pack	_____	\$ 895	\$ _____
1 Year Renewal for 40 Seat Academic Lab Pack	_____	\$ 945	\$ _____
1 Year Renewal for 45 Seat Academic Lab Pack	_____	\$ 975	\$ _____
1 Year Renewal for 50 Seat Academic Lab Pack	_____	\$ 995	\$ _____

Support & Software Assurance (SSA)

TOTAL \$ _____

Chief Architect now offers Support & Software Assurance (SSA) on an annual basis. With Support & Software Assurance you receive the following benefits for the duration of 1 year:

- Priority Technical Support Access
- New Releases, Updates and Major Upgrades
- Online Access to Video Training Tutorials
- Free Access to Premium Download Catalogs
- Discounted Training Seminars

SSA is optional meaning that if you do not renew SSA after the one year coverage period, the software will still function; however, the benefits listed above will not be available.

Current Serial Number: _____

Method Of Payment

Check # _____ Purchase Order # _____
 Visa Discover MasterCard American Express

Card #: _____ - _____ - _____ - _____

Security Code: _____ Exp. Date: ____ / ____

Card Holder Name: _____

Billing Address *(if different from above)*:

SIGN HERE: X
 Credit Card Authorization



IMPORTANT: Please submit a copy of a Purchase Order (P.O.) along with this completed order form. If NOT using a P.O., the purchase must be made using a credit card or check which bears the name of the educational institution, accompanied by a letter from the administration affirming that this software license will be used exclusively for educational purposes.