

STUDENT LICENSE ORDER FORM

FAX TO: 208.955.7861

Name: _____

School Name: _____

Shipping Address (No PO Boxes): _____

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

Telephone: _____

Email (required for online video access): _____

CHIEF ARCHITECT X2	QTY	X2 + 1 YEAR SSA	TOTAL
Student, One-Year License – Provided via Electronic Download Expires 1 year from purchase date; Software Lock Only, Electronic Documentation, Includes SSA		\$ 189	\$

ADDITIONAL PRODUCTS	QTY		
Chief Architect Back-Up Installation DVD		\$ 9.95	\$
Chief Architect Hardcopy Reference Manual		\$ 35	\$
Chief Architect Hardcopy User's Guide		\$ 12	\$

SUPPORT & SOFTWARE ASSURANCE (SSA)

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
- Free or Discounted Training Seminars

SSA is optional meaning that if you do not renew SSA, the benefits listed above will not be available.

* Product upgrades under Support & Software Assurance require students to be actively enrolled in 6 relevant credits.

SHIPPING & HANDLING –			
Download ONLY		FREE	
Additional Products – Standard USPS	<input type="checkbox"/>	\$ 4.95	
Additional Products – FedEx 2 nd day air	<input type="checkbox"/>	\$ 9.95	
Texas Residents Please Add 7% Tax		\$	
TOTAL			\$



IMPORTANT:

Orders will be processed only if accompanied by proof of student status in the form of a current transcript or class schedule that shows registration in a minimum of 6 credits in architectural design or drafting coursework.

METHOD OF PAYMENT	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order
<input type="checkbox"/> Visa	<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Am Express
Card #: _____ - _____ - _____ - _____	
Security Code: _____	Exp. Date: _____ / _____
Card Holder Name: _____	
Billing Address (if different from above): _____ _____	
SIGN HERE: <input checked="" type="checkbox"/> _____	
CREDIT CARD AUTHORIZATION	