



Sociometrics Corporation

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Order Form

Please Accept My Payment:

Check or Purchase Order Enclosed



Name: _____

Credit Card #: _____

Exp. Date: _____

3-Digit Security Code: _____

Signature: _____

Product Code	Product Description	Quantity	Price Each	Total Price
Subtotal				
CA Residents - add applicable Sales Tax				
U.S. Shipping & Handling (UPS Ground)				
*Overseas orders will be charged actual shipping costs				
Grand Total				

Bill To:

Name: _____

Organization: _____

Department: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Ship To:

Name: _____

Organization: _____

Department: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____