Instant File Access Registration Form

Version 4.00

NOTE: Please see **CREDIT.WRI** for Credit Card ordering information. Orders received using the **Registration Form** from the Instant File Access program group will be processed faster.

(PLEASE PRINT CLEARLY)

Name:			
Company Name:			
Address:			
City:			State:
Zip Code:			Country:
Phone:	()	FAX: ()
CompuServe ID:			Internet ID:
No. of users:		(see pricing be	elow)
		1 user 2 to 9 users 10 to 24 users 25 to 49 users 50 to 99 users 100 to 999 users	@ \$25.00 per user @ \$18.00 per user @ \$15.00 per user @ \$13.00 per user @ \$11.00 per user @ \$ 9.00 per user
Send Disk:	\$	@	\$4.00 North America \$6.00 Elsewhere
Total:	\$		
Canadian dollars d	rawn on		t be in US Dollars drawn on a US bank , o ed from the US Dollar total. We do not y.
Where did vou ge	t voui	copy of IFA?	

Optional Information

Computer Name	-		
Computer Type	-		
I would like to suggest the following changes/enhancements to product			

Fill out this order form and mail along with payment in **US dollars drawn on a US bank** to:

Alexoft 507 de la Metairie Nuns' Island, Quebec H3E 1S4 CANADA