

# ORDER FORM

Product	Qty	Unit Price	Total
AX-SHELL version 1.1 (1 user) - (Psl #11571)	_____	\$39	_____

Thank you for ordering !

Total : \_\_\_\_\_

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

DATE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

Please send me a registering number for the products ordered.

**Payment by check :**

Send the this form by mail with your check enclosed to :

**AXIALIS SA**  
**1, rue de Stockholm**  
**75008 PARIS - France**

**Payment by Credit Card :**

Credit card type : \_\_\_\_\_ Number : \_\_\_\_\_

Credit card expires : \_\_\_\_/\_\_\_\_

Send this form to PSL. The Psl number for **AX-SHELL** is **11571**.

**PSL**  
**P.O.Box 35705**  
**Houston, TX 77235-5705**  
**USA**  
**Fax : 713-524-6398**

**Phone : 800-242-4775**