

RTI ORDER FORM

FAX: 941-924-0699 EMAIL: SALES@RTI-RIPS.COM

1. COMPANY INFORMATION	
COMPANY NAME	
CONTACT	
ADDRESS	
TELEPHONE	
FAX	
EMAIL	

2. SHIPPING INFORMATION (if different)	
COMPANY NAME	
CONTACT	
ADDRESS	
TELEPHONE	
FAX	
EMAIL	

3. ORDER DETAILS			
PRODUCT DESCRIPTION	UNIT PRICE	QTY.	TOTAL
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
U.S. SHIPPING RATES (For international shipping rates please call or email)	SHIPPING (see rates)		\$
SOFTWARE ONLY ORDERS FedEx Priority Overnight: \$100 FedEx Standard Overnight: \$75 FedEx 2 nd Day: \$50 FedEx Ground: \$25	SOFTWARE WITH COMPUTER FedEx Priority Overnight: \$250 FedEx Standard Overnight: \$200 FedEx 2 nd Day: \$100 FedEx Ground: \$60	SUBTOTAL	\$
		FL RESIDENTS ADD 7% SALES TAX	\$
		TOTAL	\$

4. EXISTING PRODUCT DETAILS If you are an existing customer, please enter your dongle information below.	
DONGLE SERIAL NUMBER	
DONGLE SECURITY NUMBER	

5. PAYMENT INFORMATION	
TYPE OF PAYMENT	<input type="checkbox"/> Check or Money Order (Made payable to RTI Global, Inc.) <input type="checkbox"/> Bank Transfer (Contact sales@rti-rips.com for details) <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	CARDHOLDER NAME
	CARD NUMBER
	EXPIRATION DATE
	VCODE NUMBER (last three digits on the back Visa and MasterCard)
	CARDHOLDER ADDRESS AND POSTAL CODE

6. AUTHORIZATION	
I understand that I am the guarantor of payment and assume financial obligation with my signature. RTI reserve full retention of title to all goods until all sums due have been paid in full.	SIGNED:
	FULL NAME
	DATE