

ARAX Technologies Order Form

Please note that your order will take more time for processing, if you purchase products other than by means of online ordering.

ITEM	QUANTITY / LICENSE	PRICE	TOTAL
<input type="checkbox"/> Product Delivery on CD		17.95 US	
		Subtotal	
		Taxes	
		Total	

METHOD OF PAYMENT	REGISTERING & SHIPPING INFORMATION	
<input type="checkbox"/> Cheque enclosed, made payable to ARAX Technologies Inc.	First Name	
<input type="checkbox"/> Money order enclosed, made payable to ARAX Technologies Inc.	Last Name	
<input type="checkbox"/> Purchase order enclosed (on orders of 150 USD or more)	Institution	
<input type="checkbox"/> Charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Mailing Address	
Card Number:	City	Province / State
Expiration date:	Country	Postal/ ZIP code
Cardholder's Name: (please print)	Phone	Fax
Signature:	Email (please print)	

Return this form along with your payment to:

ARAX Technologies, Inc.
1430 St-Marc str., # 604
Montreal, QC, H3H 2G3
Canada.

Email: arax@disk-doctor.com
 Fax: 1-514-221-3451

Software download will be available upon receipt of payment.
All our products are delivered electronically only.