

Hispanic Bilingual Gifted Screening Instrument - Order Worksheet

Bill To:

School / Organization _____
 Street _____
 City _____ State _____ Zip _____
 County _____
 Phone () _____
 Fax () _____
 Email _____

Payment Method:

Bill my School/Organization listed above PO # _____

Enclosed is my check/money order.

Charge total to my: Visa MasterCard Expiration Date ____ / ____

Name on Credit Card _____

PACKAGE DESCRIPTION	UNIT PRICE	SCHOOL #	AMOUNT
Package (A) Standard Full Single Campus Site License for 1 Yr. NOTE : \$25 Renewal Cost Each Year for future use	\$100		
Package (B) District Wide License with minimum of 4 campuses. Each school also receives Startup Kit w/CD Demo, User's Guide Manuals, free upgrades and 2 month free support. 1 Yr . Full Campus Site License NOTE : \$10 Renewal Cost Each Year for future use	\$50		
1 Year Full Technical Support – Optional includes answer questions and provide technical assistance and 24 hr. email response support.	\$100		
			SUBTOTAL
			TOTAL DUE

TO ORDER:

Checks Payable to: Inline Resources Ltd. Co.
EIN: 76-0661822

If you have any questions concerning this invoice, contact Eddie Gonzalez, 832.656.4284,sales@inlineresources.com

THANK YOU FOR YOUR BUSINESS!