



Name: _____

School Name: _____

FAX To: 208.292.3420

Shipping Address (No PO Boxes): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Telephone: _____

Email (*required for online video access*): _____

- What prompted your purchase today?
- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Email Newsletter | <input type="checkbox"/> Home Designer Software |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Postcard | <input type="checkbox"/> Tradeshow |
| <input type="checkbox"/> Web Search | <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> Other _____ |

Academic Product Options – <i>Only available for Version 10 and later</i>	Qty	X3 + 1 Year SSA	Total
1 Seat Upgrade – Includes 1 Year SSA (Electronic Download)	_____	\$ 249	\$ _____
5 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 595	\$ _____
10 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 995	\$ _____
15 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 1,295	\$ _____
20 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 1,695	\$ _____
25 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 1,995	\$ _____
30 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 2,195	\$ _____
35 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 2,395	\$ _____
40 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 2,595	\$ _____
45 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 2,795	\$ _____
50 Seat Lab Pack Upgrade – Includes 1 Year SSA	_____	\$ 2,995	\$ _____

Support & Software Assurance (SSA)

Chief Architect now offers Support & Software Assurance (SSA) on an annual basis. With Support & Software Assurance you receive the following benefits for the duration of 1 year:

- Priority Technical Support Access
- New Releases, Updates and Major Upgrades
- Online Access to Video Training Tutorials
- Free Access to Premium Download Catalogs
- Free or Discounted Training Seminars

SSA is optional meaning that if you do not renew SSA after the one year coverage period, the software will still function; however, the benefits listed above will not be available.

Shipping & Handling –

1 Seat Upgrade (Download)	FREE
Academic Lab pack, Standard Shipping – \$20	\$ _____
Idaho Residents Please Add 6% Tax	\$ _____
TOTAL	\$ _____

Method Of Payment

Check # _____ Purchase Order # _____

Visa Discover MasterCard

Card #: _____ - _____ - _____ - _____

Security Code: _____ Exp. Date: ____ / ____

Card Holder Name: _____

Billing Address (*if different from above*): _____

SIGN HERE: X _____

Credit Card Authorization



IMPORTANT: Please submit a copy of a Purchase Order (P.O.) along with this completed order form. If NOT using a P.O., the purchase must be made using a credit card or check which bears the name of the educational institution, accompanied by a letter from the administration affirming that this software license will be used exclusively for educational purposes.