

Name: \_\_\_\_\_ FAX To: 208.292.3420  
 Company: \_\_\_\_\_  
 Shipping Address (No PO Boxes): \_\_\_\_\_  
 City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email (*required for SSA*): \_\_\_\_\_ Serial #(s) to upgrade: \_\_\_\_\_

Upgrade or SSA Renewal From Version: Software provided via Download; Software Lock Security, Electronic Documentation	Qty	X3 +1 Year SSA	Price
Version X3 - <i>SSA Renewal</i>		\$ 395	\$
Version X3 Additional License - <i>SSA Renewal</i>		\$ 200*	\$
Version X2 to X3		\$ 595	\$
Version X1 to X3		\$ 795	\$
Version 10 to X3		\$ 995	\$
Version 9 & Prior to X3		\$ 1,295	\$
Additional Products			
X3 Back-up Installation DVD ( <i>includes shipping &amp; handling</i> )		\$ 14.95	\$
<b>SUBTOTAL</b>			\$

\* Must currently have an X3 additional license with SSA to qualify.  
 All pricing valid thru July 31<sup>st</sup>, 2010.

<b>Support &amp; Software Assurance (SSA)</b>
<p>Chief Architect now offers Support &amp; Software Assurance (SSA) on an annual basis.</p> <p>With Support &amp; Software Assurance you receive the following benefits for the duration of 1 year:</p> <ul style="list-style-type: none"> <li>Priority Technical Support Access</li> <li>New Releases, Updates and Major Upgrades</li> <li>Online Access to Video Training Tutorials</li> <li>Free Access to Premium Download Catalogs</li> <li>Free or Discounted Training Seminars</li> <li>Discount on Additional Licenses</li> </ul> <p>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.</p>

<b>Shipping &amp; Handling –</b>	
X2 Download	\$ FREE
Idaho Residents Please Add 6% Tax	\$
<b>TOTAL</b>	\$

<b>Method Of Payment</b>	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order # _____
<input type="checkbox"/> Visa	<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard
Card #: _____ - _____ - _____ - _____	
Security Code: _____	Exp. Date: _____ / _____
Card Holder Name: _____	
Billing Address ( <i>if different from above</i> ): _____	
<b>SIGN HERE: X</b> _____	
Credit Card Authorization	