

Credit Card Order Form (Please Fax to USA 309.273.0920)

To: Velocity Pointe
18 Whitekirk Drive
Wilmington, DE 19808
(302) 351-8305
echip@velocitypointe.com

Date: _____
Quantity: __ **Item:** ECHIP Single User Software (\$295 ea.) **Price:** \$ _____.
S&H (US \$25 Ground –call for express fee, Intl \$125 DHL Express): \$ _____.
Total: \$ _____.

Software User Name: _____
Email: _____

Note: If more than 1 copy is ordered please attach a list of user names with email addresses

Shipping Address (Cannot ship to PO Box):

Name: _____
Company: _____
Street1: _____
Street2: _____
City, State Zip: _____
Phone: _____ FAX: _____
Email: _____

Billing (This is the name on the credit card and the respective billing address):

Name: _____
Company: _____
Street1: _____
Street2: _____
City, State Zip: _____
Phone: _____ FAX: _____
Email: _____

Credit Card Info:

Visa MC Discover
 Corporate Card Code (if Required): _____
Credit Card Number: _____
Exp Date: _____ CVV2 (On Back of Card): _____

