

SAGE® SHOWLINK™ ORDER FORM

COMPANY INFORMATION

COMPANY _____ ACCT # _____
ACCOUNT CONTACT _____ TITLE _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ FAX (____) _____
EMAIL _____
WEB ADDRESS _____

PRODUCT SELECTION

DESCRIPTION	PLATFORM	MEDIA	PRICE	AMOUNT
SAGE ShowLink Software Annual	Windows 2000/XP or higher	Download	\$195	_____
SAGE ShowLink Wired Scanner	USB Port Required SERIAL# _____	Qty _____ x	\$495	_____
SAGE ShowLink Wireless Scanner	USB Port Required SERIAL# _____	Qty _____ x	\$1095	_____

*SAGE does not guarantee that SAGE ShowLink will work at all shows unless the show endorses SAGE ShowLink. The manufacturer of the scanners provides a limited warranty. If your scanner fails to operate, you may return it directly to the manufacturer by following the directions in the warranty information. During the first 60 days after your purchase, you may alternatively return the unit to us and we will send it to the manufacturer for repair on your behalf. Please note that, without limitation, the manufacturer's warranty does not cover damage to the product caused by misuse of or physical abuse to the product. SAGE DOES NOT MAKE ANY WARRANTIES REGARDING THE SCANNERS AND THE MANUFACTURER'S WARRANTY SHALL BE YOUR SOLE RECOURSE FOR ANY PROBLEMS WITH YOUR SCANNER.

PAYMENT OPTIONS

Sub Total Due \$ _____

Shipping for OUTSIDE of contiguous US \$ _____

TAX (Texas subscribers add 8.25% tax) \$ _____

Please make checks payable to Quick Technologies, Inc.

Total Due (all pricing US) \$ _____

Check Enclosed Check Mailed Separately MC/Visa/Discover/Amex

MC/Visa/Discover/AMEX/Check Number

Expiration Date

Signature for Credit Card

Credit Card Billing Address: _____
Street or PO Box _____ City _____ State _____ Zip _____

Printed name on credit card: _____

CUSTOMER AGREEMENT

Please read the SAGE Customer Agreement (rev 5.0) ("Agreement") located at www.sageworld.com/legal. Your signature below indicates your acceptance of the entire Agreement on behalf of the company identified above and your representation that you have the authority to bind such company to the Agreement. If you cannot access or read the Agreement for any reason, please call us before you sign and we will provide you with a copy.

Signature _____ Title _____

Printed Name _____ Date _____

THANK YOU FOR SUBSCRIBING TO SAGE

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info@sageworld.com • www.sageworld.com

SAGE USE ONLY:

GROUP _____

ACCT # _____ ARR: ____/____/____ SALES REP: _____ ACCEPTED BY: _____ ML: YES NO