**Round Robin Scheduler 5 Order Form**

Please fill out this form, print it, and send it along with your check or money order in **US FUNDS ONLY** made payable to Galactix Software at:

 **Galactix Software**

 **11410 NE 124th St**

 **PMB 481**

 **Kirkland, WA. 98034-4399**

**Please provide the following contact information:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Daytime Phone:** |  |
| **Fax:** |  |
| **E-mail Address:** |  |

**Please provide the following shipping information:**

|  |  |
| --- | --- |
| **Street Address:** |  |
| **City:** |  |
| **State/Province:** |  |
| **Zip/Postal code:** |  |
| **Country:** |  |

**Please provide the following ordering information:**

|  |  |
| --- | --- |
| **Price Per Copy:** | **$69.00** |
| **Number Of Copies:** |  |
| **Tax: (WA residents add 8.6% sales tax)** |  |
| **Subtotal:** |  |

**Shipping and Handling charges:**

Place an X in the ( ) below to choose how we should send the software to you. If you don't choose a method, we will send the registration codes by email.

 **( ) - Send registration codes by email (No charge)**

 **( ) - Send via US Mail**

 US: $10.00 S/H

|  |  |
| --- | --- |
| **S/H Charges:** |  |
| **Total Amount Enclosed:** |  |

# Payment Method:

Place an X in the ( ) below to choose how we should bill you.

( ) – **Credit Card**

|  |  |
| --- | --- |
| **Type:** |  |
| **Number:** |  |
| **Expiration:** |  |

( ) **– Enclosed Check or Money Order**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

All orders are usually shipped within 2 business days. For order inquiries, please contact us at:

|  |  |
| --- | --- |
| E-mail: | sales@galactix.com |
| Phone: | (425) 605-0684 |
| FAX: | (425) 605-2136 |
| Web: | http://www.galactix.com |
| Forum: | http://forum.galactixsoftware.com |

**Thank you for your order!**