



INTERACTIVE INTELLIGENCE

FAX Order Form

**Instructions:**

- Please **type** your answers on this form. Then print it and fax it.
- Order will be rejected if any applicable answers are incomplete.
- Only use the current on-line forms and not old forms saved off-line.

**General Order Information**

**Interactive Intelligence Fax Number: 317.715.8444**

Date

Interactive Intelligence Sales Representative (if applicable)

**Person Placing Order Information**

Name

Phone

Email 

(this is the email address where the SIP license is to be sent)

**Reseller Company Information (if applicable)**

Company Name

Address

City

Region

Zip

Country

**End-Customer Company Information (if applicable)**

Company Name

Address

City

Region

Zip

Country

**Credit Card Information**

Credit Card Number

Credit Card Type (Visa, MC, or AMEX accepted)

Expiration Date (month/year)

First and Last Name (as it appears on card)

4-digit security code (on back of most cards)

**Credit Card Billing Address<sup>1</sup>**

Address

City

Region

Zip

Country

**Shipping Address**

Address

City

Region

Zip

Country

<sup>1</sup> Are the Billing and Shipping Addresses the same? Yes No

<sup>1</sup> Would you like the credit card receipt mailed; if yes, which address? Billing Shipping

**Special Instructions**



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**Order Detail Information**

Quantity	Part Number	Part Name	Part Price (USD)
	SOF-005-3.0.0-SLCDE50201	Interaction SIP Proxy, Load Balancer	\$5,000

**Note:** You **MUST** supply the machine's MAC Address where this license will reside. Please specify a MAC Address for each license purchased in the table below:

MAC Address(es)

Total
<i>(Note: this total does not include sales tax)</i>