

# FrameMaker-to-Acrobat TimeSavers/Assistants Order Form



To: **MicroType**

By Fax: US (415) 462 5437 Israel +972-9-8988021  
 (Please notify [timesavers@microtype.com](mailto:timesavers@microtype.com) that this fax has been sent)

**Order placed by:**

_____	_____	_____	
First Name	Last Name	Company	
_____	_____	_____	
Date	Department	Title	
_____			
Company Address: Street			
_____	_____	_____	_____
City	State/Province	Zip / Postal Code	Country
_____	_____	_____	
Phone	Fax	E-mail	
_____	_____	_____	_____
FrameMaker Version	Acrobat Version	Operating System	Printer Driver

Items Purchased	Item Price	No. of Licenses	Subtotal
FrameMaker-to-Acrobat TimeSavers 5.6			
Form Assistant			
Navigation Assistant			
Multimedia Assistant			
3D Assistant			
Presentation Assistant			
Upgrade to TimeSavers 5.6 from any previous TimeSavers version			
Custom shortcut:			
Custom shortcut <i>with purchase of new TS license:</i>			

(Israel only; VAT will be added) **Total for Payment (US\$):**

**Paying by Credit Card:** Fill in card holder billing information (*complete all fields*)

_____	_____	_____	
First Name	Last Name	Title	
_____			
Address			
_____	_____	_____	_____
City	State/Province	Zip / Postal Code	Country
_____	_____	_____	
Credit Card (Visa/MC/AmEx)	Card Number	Expiration (Month / Year)	
_____	_____	_____	
Card Verification Number	Phone	Fax	
_____			
Signature			

**Paying by Check:** Make a check (payable to MicroType) and fax a copy of it together with this form; send the check by express air-mail to: MicroType, 12 Kalanit St., POB 632, Kfar Yona 40300, Israel.

12 Kalanit St., PO Box 632,  
 Kfar Yona 40300, Israel  
 Tel: +972-9-8988021  
 E-mail: [timesavers@microtype.com](mailto:timesavers@microtype.com)  
<http://www.microtype.com>