

# FrameMaker-to-Acrobat TimeSavers/Assistants Order Form

To: **MicroType**



**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 5.7			
<i>Upgrade to TimeSavers 5.7 from any previous TimeSavers version</i>			
Form Assistant 3.x			
<i>Upgrade to Form Assistant 3.x from any previous FA version</i>			
Multimedia Assistant 3.x			
<i>Upgrade to Multimedia Assistant 3.x from any previous MA version</i>			
Navigation Assistant			
Presentation Assistant			
3D Assistant			
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 ( <i>Visa/MC/AmEx</i> )	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.

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