

NAME _____ COMPANY _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Thank you for your interest in AFGROW. Please complete this form and fax it back to us at 1-888-414-8208 or mail it to the address at the bottom of the page. If you are requesting a discount price, please ensure that you have provided all of the necessary information. If you have any questions, we can be reached via email at <sales@lextechcentral.com> or by phone at 1-937-438-0300 from 9 am to 5 pm, EST.

Purchase Orders: We will accept purchase orders with NET 30 terms, which are placed by D&B-rated U.S. businesses, as well as U.S. educational institutions and government agencies (state or federal). For tracking purposes, all purchase orders must be shipped via Federal Express.

Your Selections:

AFGROW Licenses: _____ x 1730.00 = _____ (Subtotal)

Sales Tax (Ohio only) Subtotal * 0.0725 = _____

or Tax Exempt number (Ohio only): _____

USB License Key _____ x100.00 = _____

Shipping Options:

****Only if you would like us to ship the DVD or USB License Key**

U.S. Priority Mail \$ 15 = _____

International Air Mail - Canada \$ 50 = _____

International Air Mail \$100 = _____

Federal Express

Please email or call for Federal Express cost

Total = _____

Receipt of payment will be disseminated electronically to the email address that is provided. Please ensure that the registration information contains a current email address to ensure proper receipt of all confirmations and updates regarding this class.

Credit Card Information	
I _____ Authorize <u>LexTech, Inc</u> to charge my credit card. Not to exceed the amount shown.	
AMOUNT \$ _____ USD	BILLING ADDRESS _____
CREDIT CARD TYPE _____	_____
CREDIT CARD # _____	BILLING ZIP CODE _____
CARD CV2 # _____	NAME ON CARD _____ (As it appears on card)
EXPIRATION DATE _____	_____
_____ SIGNATURE	_____ DATE
MAIL TO: LexTech, Inc AFGROW 8285 Rhine Way Centerville, OH 45458	OR FAX TO: 1-888-414-8208

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