ColorCheckQA

Please complete the form below all requested information including the serial number of your compatible spectrophotometer. This form should be faxed to 734-668-0749 or emailed to colorcheckqa@supply55.com.

Contact Information:

First Name: Last Name:

Company Name:

Street Address:

City: State: ZIP:

Email Address: @ Telephone Number: ( )

Device & Computer Information:

Device Serial Number(s): This is the serial number of your i1Pro, i1 Pro2, EFI1000 or EFI2000

Win-64: ☐ Mac-64: ☐	Win-64: ☐ Mac-64: ☐	Win-64: ☐ Mac-64: ☐	Win-64: ☐ Mac-64: ☐	Win-64: ☐ Mac-64: ☐

Total Authorized Cost:

Copies of ColorCheckQA: Price Per Copy of ColorCheackQA: $249.95 Total Charge Authorization: $ **0.00**

Please note that Michigan Customers will be charge an additional 6% Sales Tax. Check box after this text if you are a Michigan Customer so you can see you new sales tax added total. MI Sale Tax (6%): ☐ Total Charge Authorization for Michigan Customers: $

Credit Card Information:

Credit Card Type: Visa: ☐ MasterCard: ☐ American Express: ☐

Credit Card Number: Name on Credit Card:

Expiration Date: ____/____ Security Code:

Credit Card Billing Address:

City: State: ZIP:

Terms & Conditions:

ColorCheckQA is licensed to the spectrophotometer, polling the device serial number. One copy of ColorCheckQA is required for each spectrophotometer and will run on multiple computers with the licensed device attached. All sales are final, no refunds, no returns. Electronic delivery of the licensed software will occur within five (5) to seven (7) days of order to the email address provided on your order.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please feel free to call Supply55, Inc. at 734-668-0755 or email us at colorcheckqa@supply55.com for additional information.

_____ _____

Signature of Card Holder Date

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.