

## ACADEMIC ORDER FORM

FAX: 208.292.3420

EMAIL: [SALES@CHIEFARCHITECT.COM](mailto:SALES@CHIEFARCHITECT.COM)

Name: \_\_\_\_\_

School Name: \_\_\_\_\_

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City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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Email (*required*): \_\_\_\_\_

Purchase Order # \_\_\_\_\_

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**IMPORTANT:** Please submit a copy of a Purchase Order (P.O.) along with this completed order form.

TOTAL \$

If NOT using a P.O., the purchase may be made using a credit card or check which bears the name of the accredited educational institution, accompanied by a letter from the administration affirming that the software will be used exclusively for educational purposes.

**Purchase Order #:** \_\_\_\_\_