



# NaturallySpeaking Version 10 Upgrade Order Form

### Upgrades to Version 10 from versions 8 or 9:

Preferred Upgrade to Version 10 @ \$199 x \_\_\_\_ copies = \_\_\_\_\_  
 Professional Upgrade to Version 10 @ \$298 x \_\_\_\_ copies = \_\_\_\_\_  
 Legal Upgrade to Version 10 @ \$298 x \_\_\_\_ copies = \_\_\_\_\_

### New Version 10 Licenses: Special Discounted Pricing

Preferred, Version 10 @ \$189 x \_\_\_\_ copies = \_\_\_\_\_  
 Professional, Version 10 @ \$854 x \_\_\_\_ copies = \_\_\_\_\_  
 Legal, Version 10 @ \$1,104x \_\_\_\_ copies = \_\_\_\_\_  
 Medical Small Office, Version 10 @ \$1,129x \_\_\_\_ copies = \_\_\_\_\_  
 Medical Version 10 @ \$1,530x \_\_\_\_ copies = \_\_\_\_\_

### Insured Shipping charge:

Add \$8.30 per copy ordered Total # of Copies \_\_\_\_ x \$8.30 = \_\_\_\_\_  
 Subtotal = \_\_\_\_\_

**Tax:** Only if shipping to California, add 7.75% of subtotal = \_\_\_\_\_  
 Total = \_\_\_\_\_

### Payment Methods:

Fax this form with credit card information, to our secure Fax at 858 536-1334

OR

Mail this form with Credit Card information, or with a Company Check to:  
 A1 Productivity Products, 7955 Raytheon Road, San Diego, CA 92111

### Credit Card Information: (please print clearly to speed processing)

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Code from back of Card: \_\_\_\_\_

Card Type:  MasterCard  Visa (only MasterCard or Visa accepted)

### Shipping Address:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_