



Technical Training Purchase Form

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: _____ Fax: _____

Purchase Information

Enter quantity desired in the appropriate column and calculate the total.

Description	Qty	Qty	Price Each	Total
	Classroom	CBT		
Kofax Capture 8			\$3000	
Customizing Kofax Capture 8			\$2400	
Kofax Capture Network Server 8	NA		\$750	
Kofax Transformation Modules 4			\$4000	
Kofax Monitor 5			\$2400	
Ascent Capture 7.5	NA		\$3000	
Customizing Ascent Capture 7.5	NA		\$2400	
INDICIUS 6 (Student Kit* only)	NA		\$500	
GRAND TOTAL				

* Student Kit includes student class binder, flash drive with class files, INDICIUS software and license key, and Installation Guide.

Company Type: Kofax Certified Solution Provider _____ Distributor End User
Check one CSP #

Payment Information:

Visa Credit Card Number: _____
 MasterCard
 American Express Expiration Date: _____ Issued to: _____
Name
 Check Check Number: _____

Special Instructions: _____

Mail this form with your check to: **Sales Administration**
Kofax, Inc.
 15211 Laguna Canyon Road
 Irvine, CA 92618-3146
 Fax: 949-727-3099