



Technical Training Purchase Form

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Phone: _____

Fax: _____

E-mail: _____

Purchase Information

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

Description	Qty Classroom	Qty CBT	Qty On- demand	Price Each	Total
Kofax Capture 10				\$3000	
What's New in Kofax Capture 10	N/A		N/A	\$595	
Kofax Capture Network Server 10	N/A		N/A	\$1000	
Kofax Transformation Modules 5.x				\$ 4000	
What's New in Kofax Transformation 5.5	N/A		N/A	\$ 695	
Kofax e-Transactions 3	N/A		N/A	\$1000	
Kofax Capture 9	N/A		N/A	\$3000	
Kofax Capture Network Server 9	N/A		N/A	\$1000	
Kofax Capture 8	N/A		N/A	\$3000	
Customizing Kofax Capture 8	N/A		N/A	\$3000	
Certification Exams				\$ 300	
	GRAND TOTAL				

Company Type: Kofax Partner _____ Distributor End User
Check one CSP #

Payment Information:

- Visa Name: _____
- MasterCard Credit Card Number: _____
- American Express Expiration Date: _____ Security Code _____
- 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