

## Customer Information (PLEASE PRINT)

**Ship to:** (Street address required) ☐ Company ☐ Home

☐ Dr. ☐ Mr. ☐ Ms. \_\_\_\_\_

Company (Please use official company name if shipping to your company.)

Street Address

City State/Province

Country Zip/Postal Code

Daytime Phone Fax

E-mail Address

## Contact Us

1-800-727-3228 8:00 a.m. – 5:00 p.m. eastern time

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**Bill to:** (If different from Ship address) ☐ Company ☐ Home

☐ Dr. ☐ Mr. ☐ Ms. \_\_\_\_\_

Company (Please use official company name if billing to your company.)

Street Address

City State/Province

Country Zip/Postal Code

Daytime Phone Fax

E-mail Address

### Payment (U.S. Dollars)

☐ Purchase Order # \_\_\_\_\_

☐ Check enclosed (make payable to SAS Institute) Check # \_\_\_\_\_

☐ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ All major credit cards accepted.

Cardholder's Name (Please print) \_\_\_\_\_

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