



445 Sovereign Court Manchester MO USA 63011 \* 636 527-6100

## Encrypted Signature Duplication Request Form

**\$30.00** charge per media to create new signature media (floppy, CD, USB) for an existing signature file.  
The \$30 cost includes 3 floppies OR CDs. There is a \$15 up charge for each USB flash drive.

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### PAYMENT INFORMATION

Payment Information: Check Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/>	
Acct. #: _____	Expiration Date: _____
Name on Card (please print): _____	
Authorized Signature: _____	
Credit Card Billing Address: _____	
City: _____	State: _____ Zip/Postal Code: _____ Country: _____
Security Code/CVV: _____ (Visa/MC-Last 3 digits on back in sig line; Amex-4 digits on front)	

### SHIPPING INFORMATION

Ship To: _____	Contact: _____
Address: _____	
City: _____	State: _____ Zip/Postal Code: _____ Country: _____
Phone: (____) _____	
Commercial Address? Y <input type="checkbox"/> N <input type="checkbox"/>	

### MEDIA OPTIONS

Sig Disk Media	Quantity (Per Media)	Cost	Total
Floppy <input type="checkbox"/>	_____	<b>Duplication - \$30.00</b> (Includes Maximum of 3 Floppies or CDs)	<b>\$ 30.00</b>
CD <input type="checkbox"/>	_____		_____
USB <input type="checkbox"/>	_____	<b>USB - \$15.00 each</b>	_____
<b>PAYMENT MUST ACCOMPANY ORDER</b>		SHIPPING MO Residents add 6.925% Grand Total	<b>\$ 8.00</b> _____

All Amounts are in U.S. Dollars. \* Prices subject to change without notice.

By signing below, the author(s) of above named signature(s) grant(s) permission for the creation of an additional copy of their signature file. If two signatures are encoded for the disk, we will need approval from both parties.

Approved by (Please Print): \_\_\_\_\_ Signature File Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (Please Print): \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_