

Portal Prodigy, Inc.
Portal Prodigy Internet Operating Platform STANDARD Annual Support Plan
Purchase Order Form

Website URL: _____

Company Name: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Phone: (____) ____ - _____ Ext. _____

Contact Name: _____

Email: _____

Item: Portal Prodigy Internet Operating Platform STANDARD Annual Support Plan

Term: ____/____/____ through ____/____/____ (mm/dd/yyyy)

Support Contact 1: _____

Email: _____

Support Contact 2: _____

Email: _____

Check One: Credit Card: Visa ☐ MasterCard ☐

Card Number: _____ Expiration ____/____

Name on Card: _____

Billing Address: _____

City: _____ State/Province _____

Postal Code: _____

Purchase Price: ☐ \$1,999.00 USD Includes PPIOP License

(Check One)

☐ \$1,400 Support Plan Only (Must own active paid license)

I have read and agree to the terms of the Portal Prodigy Internet Operating Platform STANDARD Annual Support Plan and authorize payment by credit card if checked.

Signature

Date

Fax to (609) 981-9961

To verify fax call (609) 584-7747 ext. 202