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GROUPE
SYSTÈME
FORÊT inc.
Les spécialistes de la
géomatique en foresterie

PURCHASE ORDER

IPS PRESCRIPTION FOR ARCVIEW GIS 3.x

		Nombre	Tarif	Total
For Windows : - XP - Vista - 7 (32 bits) Only	Principal license of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (200\$ value)		750 \$	
	Secondary license of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (100\$ value)		375 \$	
	Maintenance reactivation (duration 1 year) for a principale license of IPS Prescription for ArcView GIS 3.x		375 \$	
	Maintenance reactivation (duration 1 year) for a secondary license of IPS Prescription for ArcView GIS 3.x		195 \$	
	Principale license retrogration of IPS Prescription for ArcGIS to ArcView GIS 3.x, Include 1 year of maintenance (200\$ value)		375 \$	
	Secondary license retrogration of IPS Prescription for ArcGIS to ArcView GIS 3.x, Include 1 year of maintenance (100\$ value)		195 \$	
For Windows Server : - 2000 - 2003 - 2008 (32 bits) Only or Citrix	Principale license of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (495\$ value)		1,995 \$	
	Secondary license of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (295\$ value)		995 \$	
	Maintenance reactivation (duration 1 year) for a principale license of IPS Prescription for ArcView GIS 3.x		995 \$	
	Maintenance reactivation (duration 1 year) for a secondary license of IPS Prescription for ArcView GIS 3.x		495 \$	
	Principale license retrogration of IPS Prescription for ArcGIS to ArcView GIS 3.x, Include 1 year of maintenance (495\$ value)		995 \$	
	Secondary license retrogration of IPS Prescription for ArcGIS to ArcView GIS 3.x, Include 1 year of maintenance (295\$ value)		495 \$	
Administration fees for activation of a license without maintenance.			50 \$	
Total (before taxes and / or rebate if applicables) :				

Company or organism :			
First and last name of the user			
Address			
City		Province	
Postal code		Phone	
Order number		Fax	
Email			

SIGNATURE :

By this signature I confirm that I have read the relating rights for the licenses ordered in this form and I engage my self and my organization to respect them. (See next page)

TO ORDER : SIGN AND RETURN THIS FORM BY FAX AT (418) 531-1654 OR EMAIL AT INFO@GSF.QC.CA

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