



Fax Order Form (Please print Clearly)

Fax to 714-439-9112

Name:

Company:

Street Address:

City:

State:

Zip Code:

Phone:

Email (User Name):

Type of Account (Please specify your choice below)

Type	Term	Price (US \$)	Select Plan
Subscription	Monthly Renewal	34.95	<input type="checkbox"/>
Subscription	Quarterly Renewal	84.95	<input type="checkbox"/>
Subscription	6 Month Renewal	174.95	<input type="checkbox"/>
Subscription	1 Year Renewal	284.95	<input type="checkbox"/>
One Time Only	One Month Only	39.95	<input type="checkbox"/>
One Time Only	One Quarter Only	89.95	<input type="checkbox"/>
One Time Only	6 Month Only	184.95	<input type="checkbox"/>
One Time Only	1 Year Only	299.95	<input type="checkbox"/>

Type of Credit Card : Visa Mastercard American Express Discover

Name (As on Credit Card) :

Credit Card Number :

Expiration Date :

Expiration Month:

Security Code (Described below):

(For VISA / MC Last 3 digits on card on back, For AMX 4 digits on the front of the card)

I authorize Staffbucks to charge my credit card on terms selected above. I have reviewed Staffbucks Terms of Use and Frequently Asked Questions (FAQ) on website and understand the terms and conditions of my contract.

Signature: _____ **Date :** _____

Please Note: On receipt of your fax, Staffbucks Customer Service will email you your account login details (usually with-in 8 hours). Please email 411@staffbucks.com to get account set up status.