



P.O. BOX 10524  
ALBANY, NY 12201

## SOFTWARE REQUEST FORM

As an alternative to the website method you may use this form and MAIL in your request. Please fill out the form below and return it with a check or money order (payable in US funds only to "ZuCom Services") to:

ZUCOM SERVICES  
P.O. BOX 11344  
ALBANY, NY 12211

Standard software delivery will be through e-mail. Licensing is on a per user basis.

If you would like a copy of the software on CD sent by mail please add an additional \$10.00 for shipping and handling (US & CANADA ONLY please allow 2-4 weeks for delivery)

NAME OF APPLICATION: **SWITCH TO HEADPHONES v1.1**

\*NAME (FIRST, LAST): \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

\*STREET ADDRESS / P.O. BOX: \_\_\_\_\_

\*APT: \_\_\_\_\_

\*CITY: \_\_\_\_\_

\*STATE: \_\_\_\_\_

\*ZIP: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

\*NUMBER OF LICENSES: \_\_\_\_\_  
(*\$5 per user*)

\*MAIL YOU A COPY ON CD: \_\_\_\_\_  
(*ADD \$10 S&H*) YES / NO

\*PAYMENT METHOD: CHECK / MONEY ORDER  
(*CIRCLE ONE*)  
\_\_\_\_\_  
(PLEASE DO NOT SEND CASH)

\*Amount Sent: \$ \_\_\_\_\_

\*MAY WE CONTACT YOU  
VIA E-MAIL? (*CIRCLE ONE*) YES / NO

\* required field

THANK-YOU