



» Dongle Request (New and/or Re-charge)

PO for Billing _____ Today's Date _____

Company Name or Number of End-User _____ (as shown on license) _____ Date Needed _____

EDD Sales Representative _____ Requested By _____

Phone _____ Fax _____ Email _____

Please return dongles to be READ for unused or exceeded pages.

Dongle #1

DATA TYPE	"X"	NO. OF PAGES
Complex		
Line Data		
Extract		
Web		

Dongle #2

DATA TYPE	"X"	NO. OF PAGES
Complex		
Line Data		
Extract		
Web		

Dongle #3

DATA TYPE	"X"	NO. OF PAGES
Complex		
Line Data		
Extract		
Web		

Dongle #4

DATA TYPE	"X"	NO. OF PAGES
Complex		
Line Data		
Extract		
Web		

Comments: _____

Electronic Document Delivery - Technical Support (For Internal Use Only)

Client Number _____ Number of Pages Ordered _____

Unused / Exceeded Pages _____ Number of New Pages to be Billed _____

DATA TYPE	DONGLE #1	DONGLE #2	DONGLE #3	DONGLE #4
Complex Data				
Line Data				
Extract Data				
Web Data				

RECHARGE DATE	INITIALIZED BY	VERIFIED BY	TICKET #