



# TRAINING & SUPPORT

Select Options and payment. Fax back to 404-685-9130

Address			Please write clearly using capital letters		
Name:			Organization:		
Street address:					
City			State:		
			Zip Code:		
Country:			Phone:		
Email address:			Fax:		

Software version	
<input type="checkbox"/>	DartTrainer Pro Suite
<input type="checkbox"/>	DartTrainer Standard
<input type="checkbox"/>	DartTrainer Basic

<input type="checkbox"/>	DartGolfer Pro Suite
<input type="checkbox"/>	DartGolfer Standard
<input type="checkbox"/>	DartGolfer Basic

Service	
Service selected:	Price:
Remarks:	

Credit Card Information	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	Expiration Date [mm/yy]:
Name [as appears on card]:	Credit Card number:

**Review and verify all the information in your order: name, billing and shipping addresses, listed products, total cost and credit card information. Sign and fax to (404) 685 91 30**

signature

date

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