



Mail-In service Request Form

P.O. NO. _____	Institution: _____
Credit: _____	Exp. Date: ____/____
Name: _____	Email: _____
Bldg: _____	Room No: _____
Street: _____	
City: _____	ST: _____ ZipCode: _____
Telephone: (____) _____	Fax: (____) _____

	Model	QTY		Model	QTY
1.	_____	_____	11.	_____	_____
2.	_____	_____	12.	_____	_____
3.	_____	_____	13.	_____	_____
4.	_____	_____	14.	_____	_____
5.	_____	_____	15.	_____	_____
6.	_____	_____	16.	_____	_____
7.	_____	_____	17.	_____	_____
8.	_____	_____	18.	_____	_____
9.	_____	_____	19.	_____	_____
10.	_____	_____	20.	_____	_____

Ship TO:

I2S, Inc.
 5601 Furtune Circle South
 Suite A
 Indianapolis, IN 46241
 Tel: 800-468-3437 * Fax: 317-247-8502