

**ORDER DETAILS:**

Sl.No.	Product	Unit Price (Per License)	Quantity (No.Of Licenses)	Total Price
1	mCore .NET SMS Library 1.2 - LITE (Standard License)	INR 5,950.00		
2	mCore .NET SMS Library 1.2 - LITE (Distribution License)	INR 10,000.00		
3	mCore.NET SMS Library 1.2 - PRO (Standard License)	INR 11,800.00		
4	mCore .NET SMS Library1.2 - PRO (Distribution License)	INR 17,500.00		
5	mCore SMS ActiveX Component 1.8 – LITE (Standard License)	INR 4,350.00		
6	mCore SMS ActiveX Component 1.8 – LITE (Distribution License)	INR 6,050.00		
7	mCore SMS ActiveX Component 1.8 – PRO (Standard License)	INR 8,550.00		
8	mCore SMS ActiveX Component 1.8 – PRO (Distribution License)	INR 13,750.00		
9	bulkSMS 2.0 Bulk SMS & WAP Push Software	INR 3,850.00		
10	swiftSMS 3.0 GSM Modem based SMS Gateway & SMS App Server	INR 45,000.00		
<b>TOTAL</b>				

**INVOICING DETAILS:**

<b>Company Name:</b>				
<b>Street Address:</b>				
	<b>City:</b>	<b>State:</b>	<b>PIN:</b>	<b>Country: INDIA</b>
<b>Email Address:</b>	<b>Tel:</b>	<b>Fax:</b>		

**PAYMENT DETAILS:**

<b>Payment Mode:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Cash Deposit	<b>Amount Rs.</b> _____
<b>Cheque/DD No.</b> _____ <b>Dtd.</b> ___/___/____ <b>Bank</b> _____ <b>Branch</b> _____	
<b>Deposit Details: ICICI Bank Branch Where Deposited</b> _____ <b>Deposit Date</b> ___/___/____	
Please send/fax copy of deposit slip counterfoil along with the order form.	
Cheque/DD/Cash should be deposited in <b>any branch</b> of <b>ICICI Bank Ltd</b> in the following account: <b>Account Name:</b> IG Logix Softech Pvt Ltd <b>Account No.</b> 022405000089 <b>Account Branch:</b> Panchsheel Park (New Delhi)	

**Declaration:** I fully understand that submitting this order would mean that I have read, understood and agree to abide by the license agreement of the software I am purchasing. I also agree to the fact that all payments are non-refundable and that no refunds will be made for non-working of any GSM Modem/Phone with the purchased product.

**Date:**

 \_\_\_\_\_  
**Signature of Authorized Signatory**
**Place:**
**Name:**

**Fax order form to** +91-11-46 01 00 43, **OR send scanned copy by email to** orders@logixmobile.com, **OR send by courier/post to** IG Logix Softech Pvt Ltd, D-50, Second Floor, Savitri Nagar, New Delhi – 110 017 (India)  
**For queries,** call +91-98 73 09 47 67