



# U.S. Dealer Supplemental Order Form

Dealer Name: \_\_\_\_\_

Dealer Code: \_\_\_\_\_

Attention to: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

*Delivery, installation, and orientation included in TIS techstream package price.*

Description	Price	Part Number	Qty	Total
<b>TIS techstream package 1 TIS techstream Unit + 1 Accessory Kit</b>	<b>\$6,395.00</b>	<b>TSPKG1</b>		<b>\$</b>
Additional TIS techstream unit only	\$5,495.00	TSUNT		\$
Wall Mount Kit	\$150.00	EEMS321A02		\$
Total order, less state and local tax				\$

*Your base quarterly Diagnostic License and Support fee is \$265.00 per unit.  
Support fees are fixed at \$1,325.00 per quarter for any dealer site with five or more units.*

**Do you need Unisys to install the unit(s)?**       **YES**       **NO**  
*If install needed on TSUNT order, an additional \$300.00 will be applied to invoice.*

## Payment

Please select a payment option below:

- Parts Account Billing       Direct Billing – net 30       30/60/90 Parts Account Billing  
*2% finance charge applied to total amount of first installment*
- Credit Card  
  - Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover \_\_\_
  - Card #: \_\_\_\_\_
  - Expiration Date: \_\_\_\_\_ CID: \_\_\_\_\_
  - Cardholder Name: \_\_\_\_\_
  - Cardholder Phone: \_\_\_\_\_
- Lease  
*Terms quoted during order confirmation*

## Dealer Approval

Order Date: \_\_\_\_\_

Responsible Dealership Executive:

X \_\_\_\_\_  
(print name)

X \_\_\_\_\_  
(signature)

**FAX TO APPROVED DEALER EQUIPMENT: 262-671-0015**

*For questions about your order, please call 1-800-368-6787 option 1*

