

ORDER FORM

Direct-to-Device report, February 2023



CONTACT INFORMATION

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Company

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Country

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Corporate license with
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☐ **Credit card: complete information below
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☐ Mastercard ☐ Visa ☐ Amex

Credit card number

Expiration date (month/year)

CVV code

Name as it appears on the card

Billing address (if different from above)

City / State / ZIP code

Country

Signature and date

RETURN THIS FORM BY MAIL/EMAIL TO:

**TMF ASSOCIATES, 3705 HAVEN AVENUE, SUITE 113, MENLO PARK, CA 94025
FOR MORE INFORMATION PLEASE CALL TIM FARRAR ON +1 650 642 5195 OR
EMAIL: TIM@TMFASSOCIATES.COM**