

## To order

1. Complete the bottom of the license agreement – Name, signature, ID (“G”) number & date.
2. Be sure to enclose a copy of your **Mason Id** or **Admissions letter** for the upcoming term
3. Complete the shipping info if you want the product mailed to you. Or – tell us to “Hold for Pickup” if you want to pick it up in the store.
4. Return by mail or fax

### Mail:

GMU – Patriot Computers  
MS5C5; JC Room 115  
4400 University Drive  
Fairfax, VA 22030

Fax: 703-993-4560

ELIGIBLE PURCHASER (PLEASE PRINT) (this is the student/faculty/staff member)	
PLEASE PRINT: First name, Last name	
GMU ID Number	Date
<b>ID Class:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Contractor <input type="checkbox"/> Affiliate <input type="checkbox"/> Staff
Phone (Cell)	Phone (Other)
Email Address	

DELIVERY OPTIONS		
<input type="checkbox"/> Check to pick up at store	<input type="checkbox"/> Ship my order (see below)	
<input type="checkbox"/> Check if the same as Billing Address		
SHIP TO: Last Name, First Name		
Shipping Address		
City	State	Zip

PAYMENT METHOD*	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	CID #** : _____ Exp. Date: _____
Name of Cardholder	
Account Number	
Card Holder's Signature	
<i>**The CID is the 3-digit code in the signature box on the back of the card.</i>	

**\*Payment method:** A credit card is required to initiate an order. You may use another payment method to purchase product upon in-store pickup. We will use this credit card information to charge a 15% restocking fee + shipping for all cancelled special orders or orders that are not picked up. If you are mailing this order form with a personal check for direct payment in the full amount you do not need to provide credit card information.

CREDIT CARD BILLING ADDRESS		
Address		
City	State	Zip

ITEM ID	DESCRIPTION (please attach details or checklist)	QTY.	PRICE

**ADDITIONAL TERMS:**

A copy of your current Mason ID must be submitted with your order. Complete Terms & Conditions of purchase are attached. Placing an order constitutes your acceptance of these terms. No employee is authorized to modify these terms in any manner. All sales will be charged Virginia sales tax as all products pass title within Virginia and as our student/employee are clearly intended for use within Virginia.

OFFICE USE ONLY
Salesperson Initials: _____
Working Invoice #: _____
Date of receipt: _____

**Mail Order Form with Payment to:**  
 Patriot Computers  
 4400 University Drive  
 Johnson Center Room 115, MS5C5  
 Fairfax, Virginia 22030  
**OR FAX TO (703) 993-4560**

Sub Total: \$ \_\_\_\_\_  
 Est. Shipping: \$ \_\_\_\_\_  
 Tax (5%): \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

# Academic Select Student License Agreement

NOT RETURNABLE

BE CERTAIN YOU HAVE THE RIGHT PRODUCT  
BEFORE YOU LEAVE THE STORE

Academic Select Agreement number  
Institution to complete

01S65764

Date of issuance  
Institution to complete

See Attached  
Receipt

Academic Student Select Enrollment  
number  
Institution to complete

6525319

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Product Description	Version No.	Language
		English

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By signing this Select Student License Agreement, you agree to be bound by the terms of this Select Student License Agreement.

Signature (parent or legal guardian of student if student is under the age of 18)
Printed name
Printed identification number & Date G

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BEFORE YOU LEAVE THE STORE