



Please complete this form and send it to Better Plan Ltd. via email, mail or fax.

License Registration Information	
Name:	Company:
Street:	
City:	State/Province:
Zip/Postal Code:	Country:
Telephone:	Fax:
Email:	

Product	License ¹	Price ²	Quantity	Total
WFMwizard Pro15	<input type="checkbox"/> 1 License	\$995		
WFMwizard Pro30	<input type="checkbox"/> 1 License	\$1495		
WFMwizard Pro50	<input type="checkbox"/> 1 License	\$1995		
WFMwizard Pro100	<input type="checkbox"/> 1 License	\$2995		
Sub-Total				
16.0% VAT for Israeli residents not included				
TOTAL				

Payment and Invoice Information ¹	
<input type="checkbox"/> Cashier's Check	Name:
<input type="checkbox"/> Wire Transfer	Address:
	City:
	Province/State:
	Postal/Zip Code:
	Country:
	Company:
	Signature:
Sorry, no Purchase Orders accepted	

All products include a 30-day money-back guarantee.

¹ Mark desired selection with an [X]

² All prices in USD