

## **ACTIVE CONTINUOUS TRAINING**

## **Purchase Order**

by CAAS LLC

Purchaser information (please complete all of the following)					
NAME:	st Name				
Title Fir	st Name	Last Name			
AGENCY NAME:					
AGENCY ADDRESS:Address	City	Chata 7in			
PHONE: E-MAIL					
Are you Making a purchase on behalf of your agency (go to step 2)					
☐ Making a purchase for your own professional use (go to step 3)					
2 Agancy Customors					
	2. Agency Customers				
Which ACT Products do you want to purchase (select one)?					
All training modules	Active Shoot	☐ Active Shooter Module only			
☐ Domestic Violence Module only	☐ Vehicle Stop	☐ Vehicle Stop Module only			
How many users will your agency register?					
3. Individual Customers					
Which ACT Products do you want to purchase (select one)?					
All training modules	Active Shoot	er Module only			
Domestic Violence Module only	☐ Vehicle Stop	Module only			
4. License Agreement					
By checking this box, you acknowledge that you that you have read and understand the License Agreement with CAAS LLC and agree to be bound by its terms and conditions. As used herein, "you" means an individual or, in the case of agency customers, an entity. A copy of the License Agreement can be downloaded from the order page of the ACT Website.					

5. Payment Information					
Total order price \$ (contact us at <a href="mailto:support@activecontinuoustraining.com">support@activecontinuoustraining.com</a> for a price quote). Sales tax will be added for individual users as applicable.					
Payment will be made by check upon recei	pt of invoi	ce (agency c	ustomers onl	у)	
Payment will be made by credit card					
Type of card (circle one) Visa MasterCard	AMEX	Discovery	Other		
Card Holder's Name (as it appears on card)					
Card number Expirat	ion Date _		Security Cod	de	
Billing Address				<del></del>	
Address	Cit	ty	State	Zip	
<ol> <li>Authorized Signature</li> <li>You understand and agree that this Purchase Order is subject to the terms and conditions of the License Agreement with CAAS LLC.</li> </ol>					
Signature			Date	<del></del>	
Printed Name		Agency Name	for agency cus	tomers only)	
Title					
Please return as an attachment to an e-mail at <a href="mailto:support@activecontinuoustraining.com">support@activecontinuoustraining.com</a> or by fax at 212-350-2701 or mail to Active Continuous Training, 335 Madison Avenue, 9 <sup>th</sup> Floor, New York, NY 10017.					
Agency customers check here if you are into earn a rebate by helping CAAS LLC earn acc professional organization in your state.		_			