



# CogScreen, LLC

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

Purchase Order No. \_\_\_\_\_

## Shipping Address:

Customer Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Check if same as shipping

## Billing Address:

Customer Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Description	Quantity	Unit Price	Cost
<b>AE Software License + 5 Administrations</b> (*Required*)			
<b>1-10 Test Administrations</b>			
<b>11-99 Test Administrations</b>			
<b>100+ Test Administrations</b>			
<b>Additional License Sets (2-N licenses)</b>			
<b>Clock-IT Surface Pro Stand</b> (*Required* if not using elo)			
<b>Gel wrist pad</b>			
<b>Accessories: Mouse, keyboard, headset</b> (Also sold individ.)			
<b>elo Accutouch LCD Touchscreen</b> (*Required* if not using SP3)			
<b>Microsoft Surface Pro 3 PC</b> (refurbished/recertified Win 10 laptop + touchscreen driver with AE installed)			
<b>Microsoft Surface Pro 6 PC</b> (refurbished/recertified Win 10 laptop + touchscreen driver with AE installed)			
<b>Other</b>			
<b>Method of Payment:</b> Payment required in advance. Please check below. Visa    Mastercard    Purchase Order American Express    Check or Money Order Card#: _____ Security Code #: _____ Expiration Date: _____ Cardholder Name: _____ Signature _____	<b>Subtotal</b>		
	<b>Sales Tax:</b> Check if Florida Customer (7%- Florida Customers Only)		
	<b>Shipping:</b> We bill actual FedEx Shipping Charge (No Charge for Test Admins or Touchscreen)		
	<b>Total: (U.S.D)</b>		
	<b>Special Instructions:</b>		

"I understand the elements of testing essential to the appropriate use of standardized tests, and I have personal knowledge of professional testing standards (such as the APA-AERA-NCME Standards for Educational and Psychological Tests, 1985). I further warrant that I possess the appropriate training and competencies to use the assessment materials and services I seek to purchase. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principles of my profession. I assume full responsibility for the proper use of the assessment material I order from CogScreen, LLC."

Signature \_\_\_\_\_

Date \_\_\_\_\_