



Pre-Order Form

Company:	
Contact Name:	
Tax ID:	
Contact Address:	
Billing Address:	
Phone:	
Fax:	
E-Mail:	
Zip/PostalCode:	
State/Province:	

Item	Description	Quantity	Unit Price	Amount
<input type="checkbox"/> PICK 2- Modem+ 4G USB	<input type="checkbox"/> Modem + VOIP		Sub-total	
<input type="checkbox"/> PICK 2- 4G USB + 4G USB	<input type="checkbox"/> Modem			
<input type="checkbox"/> PICK 3- 4G + Modem+ VOIP	<input type="checkbox"/> CLEAR SPOT			
<input type="checkbox"/> 4G USB	<input type="checkbox"/> Security Suite			
<input type="checkbox"/> 4G+ USB (Dual Mode USB)	<input type="checkbox"/> Hardware Protection		Grand Total	

Notes:

Customer Signature _____ Date _____

CLEAR Representative Signature _____ Date _____