

**To fill this form please:** Click in the name field, type your name and then tab to get to the next field and type in your information, continue till you have included all information. Click on the SEND Button and it will automatically forward this pdf form to our e-mail in box or you may print then fax it to WRP. It does not work with all browsers, in that case download it to your computer and proceed as above. Thank you.

# Order Form for HYFRAN-Plus

**Water Resources Publications, LLC**  
*If the SEND button does not work, Please fax this order to:*  
 (800) 616-1971 (U.S.A. and Canada)  
 (720) 873-0173 (All other countries)  
 E-mail to: info@wrpllc.com

**Click in Name then TAB through the form fields to type your information and then click on the GREEN SEND button.**

(required) Name \_\_\_\_\_  
(If filling by hand - Please print)

Company \_\_\_\_\_

(required) Address \_\_\_\_\_

(required) City/State/Country \_\_\_\_\_ (required) Zip Code \_\_\_\_\_

(required) Telephone # \_\_\_\_\_ (required) Fax # \_\_\_\_\_

(required) EMAIL \_\_\_\_\_

**Important:** Please be sure that you have included the correct Product Number. Once you have paid for the software, the password(s) are sent by email to access your full version(s) of HYFRAN+.

**WARNING!** This software is **NOT** transferable. Once we send you the password that is associated with the product number you provided WRP, ANY CHANGES such as: downloading another demo version onto the same computer; a computer crash; a new computer, or system updates: You will have to purchase another password for \$150.00.

I agree to these terms and conditions  (required)

QTY	TITLE	CAT NO.	Unit Cost	PRICE
_____	HYFRAN-PLUS (DSS)- <b>First time purchase</b>	HYFRAN	\$300	Total \$ _____
_____	Additional Copy of HYFRAN-PLUS	HYFRAN	\$150	Total \$ _____
_____	Additional Copy of HYFRAN-PLUS	HYFRAN	\$150	Total \$ _____
_____	Additional Copy of HYFRAN-PLUS	HYFRAN	\$150	Total \$ _____

**TOTAL \$ \_\_\_\_\_**

(The Product number appears automatically on the screen after the demo copy is downloaded and launched)

PRODUCT # \_\_\_\_\_ Username (user choice) \_\_\_\_\_ (required)

PRODUCT # \_\_\_\_\_ Username (user choice) \_\_\_\_\_ (required)

PRODUCT # \_\_\_\_\_ Username (user choice) \_\_\_\_\_ (required)

PRODUCT # \_\_\_\_\_ Username (user choice) \_\_\_\_\_ (required)

**CREDIT CARD PAYMENT - Required:** Card Number, Exp. Date, Signature (via Fax), V-Code

Credit Card:  Visa  Mastercard - Card # \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

V-Code \_\_\_\_ 3-digit CVC code (last 3 digits from the back of your credit card).

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 e-mail: info@wrpllc.com · http://www.wrpllc.com

**When Finished Click Green Button  
 to send this order form to WRP  
 Subject line will say  
 Form Returned**

**If unable to click the green button to send this form, it may be a security issue with your system - please print and fax or email WRP your information. Date: 07/01/2018.**