



PATENT DRAWING ORDER FORM

PLEASE TELL US ABOUT YOU

Name: _____ Tel: _____ Ext. _____
 Company: _____ Fax: _____
 Address: _____ Mobile: _____
 City: _____ Email 1: _____
 ST: _____ Zip: _____ Email 2: _____

PLEASE DESCRIBE YOUR INVENTION (ATTACH ADDITIONAL PAGES & SKETCHES)

Title of invention: _____ Docket# (if applicable): _____

Quick Patents (QP) promises that all information provided by our clients will be treated as confidential material; i.e., no part of said information will be used for any purpose whatsoever outside of the intended purpose of compiling the indicated research for the client. QP will neither use nor cause others to use, nor divulge to third parties un-affiliated with QP, all or any part of said information, in any way, without your express written approval. For a signed Non-Disclosure agreement, visit www.quickpatents.com.

TYPE OF DRAWINGS

- RUSH 48-hr Utility or Prov. Patent: \$200/sheet RUSH 48-hr Design Patent: \$250/sheet
 Std. 1-week Utility or Prov. Patent: \$100/sheet Std. 1-week Design Patent: \$125/sheet

___ Number of Figures ___ Expected Number of Sheets

OTHER DETAILS

Delivery Method: Email (default) --- or Priority Mail (2 to 3 days slower, add \$10)

Total: US\$ _____

Payment Method: Check Enclosed Pay-Pal (email to paypal@quickpatents.com)

Visa Master Card American Express Discover

Acct# _____ Exp. Date (MM/YY): _____ CSV*: _____ (3 or 4 digits)

Billing address if different from above: _____

* CSV is the 3-digit number on the back of your card, or the 4 digits on the front of an American Express card.

Disclaimer: Quick Patents and its affiliates (QP), strive to ensure the accuracy and completeness of our services. However, because of possibly incomplete information supplied to us, we cannot warrant that our drafting services are 100% complete or error-free. Any liability arising out of the preparation of our search report is limited to a refund of the fee paid. If your drawings are rejected due to technicalities that can be corrected, we will do so at no expense to you. You are responsible for the selection of views and the adequacy thereof, and you release QP of any liability arising from the selection of views, adequacy of views, or errors that resulted in incomplete or improper information supplied to us. Fees are deemed earned when received.

I have read the above and agree. Please perform the above indicated drafting services.

Signature: _____ Date: _____

Return this completed form with payment to the address below or FAX to 702-508-9007