

# Information Request Form

Please complete this form so that we can respond to your request.

Request Details	
Name	
Company Name	
Address	
City	
Postal Code	
Telephone No.	
E-mail address	

## Inquiry Details

- A&L Document Console
- A&L HERO\*
- A&L Medical Systems

I would like to: Get a Demonstration:  Speak to someone:  Get additional information:   
 Purchase one of your software applications:

**Please state what information you require, in as much detail as possible.**

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Signature	
Date	

Please mail or fax to: A&L Computer Software Limited  
 175 West Beaver Creek Rd. Unit#6  
 Richmond Hill, ON  
 L4B 3M1

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 Fax: 905-886-6617  
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