

GERIATRIC REPORT ORDER FORM

CONTACT INFORMATION

ENGLISH
0110

COMPANY NAME: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE / PROVINCE: _____ POSTAL CODE: _____
 EMAIL ADDRESS: _____
 TELEPHONE #: _____ INCLUDE AREA CODE (COUNTRY CODE)
 COUNTRY: _____ SPECIAL NOTE: _____

PAYMENT INFORMATION (CREDIT CARD)

CREDIT CARD NUMBER: _____ EXPIRATION: _____
 CIRCLE ONE: (MASTERCARD) (VISA) (DISCOVER) THREE DIGIT CODE #
 (BACK OF CARD): _____
 SIGNATURE: _____

PAYMENT INFORMATION (CHECKING ACCOUNT) - 5% DISCOUNT

BANK NAME: _____ ROUTING / ABA #: _____
 CHECK #: _____ ACCOUNT #: _____
 SIGNATURE: _____

PRICING & PAYMENT

FAX OR EMAIL COMPLETED FORM FOR PROCESSING

FAX ORDER FORM TO: (646) 219-2818

EMAIL ORDER FORM TO: SALES@MDANSBY.COM

PRODUCT NAME	PRICE	QTY	TOTAL PRICE
SINGLE USER EDITION SELECT: (MAC) OR (WIN)	\$199		
WEB STATEMENTS MODULE	\$99		
MOBILE MODULE	\$99		
BAR CODE MODULE WORKS WITH ANY USB SCANNER	\$99		
ONLINE BACKUP 1 YEAR BACKUP SUBSCRIPTION	\$99		
TECHNICAL SUPPORT & SOFTWARE UPDATES INCLUDED FOR ONE YEAR	SUB TOTAL:		
	5% CHECK DISCOUNT (TOTAL X .05):		
	SHIPPING & HANDLING:		FREE
	TOTAL:		
	SALES TAX (NY ONLY / 8.65%):		
GRAND TOTAL:			

NO REFUNDS ON SOFTWARE

TECHNICAL SUPPORT & SOFTWARE UPDATES
INCLUDED FOR ONE YEAR