



# GERIATRIC REPORT

## ORDER FORM

### CONTACT INFORMATION

ENGLISH

20160301

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 <small>Select: (Mac) or (Win)</small>	<b>\$199</b>			
Web Statements Module	<b>\$99</b>			
Bar Code Module <small>Works with any USB scanner</small>	<b>\$99</b>			
Online Backup <small>1 Year backup subscription</small>	<b>\$99</b>			
<b>Sub Total:</b>				
<b>FAX ORDER FORM TO : (646) 219-2818</b>  <b>OR MAIL ORDER FORM TO:</b>  <b>MDANSBY.COM</b> <b>P.O. Box 4668 #88790</b> <b>NEW YORK, NY 10163-4668</b>			Shipping & Handling: <b>FREE</b>	
			<b>Total:</b>	
			Sales Tax (NY only / 8.65%):	
			<b>Grand Total:</b>	

NO REFUNDS ON SOFTWARE

TECHNICAL SUPPORT & SOFTWARE UPDATES, included for one year