



COMPANY INFORMATION **ORDER FORM / ENGLISH**

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)
 Signature: _____

PAYMENT INFORMATION (CHECKING ACCOUNT)

Bank Name: _____ Routing #: _____
 Check #: _____ Account #: _____

PRICING & PAYMENT **FAX ORDER FORM TO: (646) 219-2818**

To place an order, print this form. Fax or Email completed form for processing
 Be sure to include a copy of the credit card or check used and a valid picture ID

QTY	Product / Description	Options / Special	Price
	Geriatric Report - Single User Edition	Select: (Mac) or (Win)	\$249
	Palm / Pocket PC Module		\$99
	Bar Code Module	Works with any USB scanner	\$99
	Online / Offsite Backup	1 Year Backup Subscription	\$99
	Or mail your check or money order to: Mdansby.com 244 Fifth Avenue #L281 New York, NY 10001-7604	Sub Total:	
		(NY Only / 8.65%) Sales Tax:	
		Shipping & Handling:	\$8.00
		Total:	

To order, print this form out and fill out all the information. then fax the form to us for processing @ 646-219-2818.