

GERIATRIC REPORT ORDER FORM

CONTACT INFORMATION

ENGLISH
0111

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

PAYMENT INFORMATION (CHECKING ACCOUNT)

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
SERVER EDITION - ___ USER SELECT: (MAC) OR (WIN)	\$ _____		
WEB SERVER MODULE	\$1949		
WEB STATEMENTS MODULE	INCLUDED		
MOBILE MODULE	INCLUDED		
BAR CODE MODULE WORKS WITH ANY USB SCANNER	INCLUDED		
ONLINE BACKUP 1 YEAR BACKUP SUBSCRIPTION	INCLUDED		
ONSITE INSTALLATION & TRAINING	CALL (FULL DAY TRAINING)		
SUB TOTAL:			
SHIPPING & HANDLING:			FREE
TOTAL:			
SALES TAX (NY ONLY / 8.65%):			
GRAND TOTAL:			

SERVER EDITION (2 USERS) \$1049
1 ADDITIONAL USER \$300
5 ADDITIONAL USERS \$1200

NO REFUNDS ON SOFTWARE

TECHNICAL SUPPORT & SOFTWARE UPDATES
INCLUDED FOR ONE YEAR