

PSYCHREPORT PRO

ORDER FORM

CONTACT INFORMATION

ENGLISH

1213

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)	\$399		
WEB STATEMENTS MODULE	\$99		
BAR CODE MODULE WORKS WITH ANY USB SCANNER	\$99		
ONLINE BACKUP 1 YEAR BACKUP SUBSCRIPTION	\$99		
FAX ORDER FORM TO : (646) 219-2818 OR MAIL ORDER FORM TO: MDANSBY.COM P.O. Box 4668 #88790 NEW YORK, NY 10163-4668	SUB TOTAL:		
	SHIPPING & HANDLING:		FREE
	TOTAL:		
	SALES TAX (NY ONLY / 8.65%):		
	GRAND TOTAL:		

NO REFUNDS ON SOFTWARE

TECHNICAL SUPPORT & SOFTWARE UPDATES, INCLUDED FOR ONE YEAR