



RECOVERY 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>	\$199		
Web Statements Module	\$99		
Bar Code Module <small>Works with any USB scanner</small>	\$99		
Online Backup <small>1 Year backup subscription</small>	\$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