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CLIENT ORDER FORM

Restricted Party Screening Solution

Billing Information

Company: _____

Contact/Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Shipping Information (if different than Billing)

Company: _____

Contact/Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Send by email to: Partner Customer Date Ordered: _____ Date Sent: _____

Microsoft Dynamics Customer Account Number (7-digit) _____

Microsoft Dynamics GP Version: 2010 Platform: Business Essentials GP Standard
 10.0 Advanced Management GP Professional
 9.0

Payment method: Check MasterCard VISA

**** ALL AMOUNTS IN U.S. DOLLARS ****



Restricted Party Screening Solution	Price	Price
for Business Essentials / GP Standard	\$3,500.00	
Annual Enhancement Fee - 20% of List	\$700.00	
for Advanced Management / GP Professional	\$5,000.00	
Annual Enhancement Fee - 20% of List	\$1,000.00	
	Subtotal	
	Sales Tax*	
	Total	

*Sales tax charged for AZ and NM residents only

Payment in full due with order, in U.S. Funds

If paying by credit card, enter credit card information on the following page

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IF PAYING BY CREDIT CARD, FILL OUT BELOW	
Check Card <input type="checkbox"/>  <input type="checkbox"/> 	
Using for Payment	
Card Number	Amount
Name on Card	
Billing Address	
Signature	Exp. Date
For Internal Use Only	
Captured No:	Reference No: