

## SOFTWARE ORDER FORM

Company Name:	
Address Line 1:	
Address Line 2:	
County:	
Phone Number:	Fax Number:
<i>If you are ordering our stand-alone product, this exact information will appear on the top of your forms.</i>	

Con tact person:	Phone #:	Email address:
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Product Choice	Price	Tax	Total
<input type="checkbox"/> ConFormance Integrated <i>Plus!</i> (Calyx <sup>®</sup> edition):	295.00	19.18	\$314.18
<input type="checkbox"/> ConFormance Integrated <i>Plus!</i> (Encompass <sup>®</sup> edition):	295.00	19.18	\$314.18

Note: These products require that Microsoft Word 2000 (or newer) is installed on your system.

You can return this form with a check or pay by credit card by  
completing the information listed below (please do not email credit card information):

<b>Card Info</b>					<b>FOR YOUR PROTECTION:</b>					
					<i>If providing credit card info, fax or mail completed form to Compliance Consulting (don't e-mail!)</i>					
Account #					Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Amex		
Expiration Date					Card Verification Value (CVV) 3 digits on right side of signature strip (Visa & MC only)					
Name on Card										
Authorizing Signature					(For office use)					
<b>WB</b>										
<b>Billing Address Info (if different from above)</b>										
Street Address										
City				State				Zip		
Phone	(    )			Fax	(    )					

**Upon receipt of this form (with payment), Compliance Consulting Corporation of Florida will process and ship your order.**