TOTAL

\$



SUPPORT: 757-873-1199 FAX: 757-873-1733 E-MAIL: info@pensoft.com WEBSITE: www.pensoft.com

Premier Order Form

HOW TO ORDER: ONLINE: www.pensoft.com PHONE: 1-888-PENSOFT (1-888-736-7638) FAX: 1-757-873-1733

CUSTOMER INFO	RMATION -	Please fill in ALL b	lanks	S					
Contact Name				List all states you process payroll for:					
Company:									
Credit Card Billing	Address			•					
City				State Zip/Postal Code					
Shipping Address ((if different)								
City	State Zip/Postal Code								
Phone	Fax			E-mail					
Type of Business:		FEIN:							
Where did you hear about us? Current PenSoft Customer (complete below) Cuther:									
I was referred by (company name)									
PenSoft Customer # Zip Code				Phone Number					
PAYMENT TYPE									
Check Enclosed E-Check Routing #				□ Account #					
🗆 MasterCa	🗆 Visa		□ Discover			□ American Express			
Name on card (pleas	se print)		Card Number						
Signature			Expiration Date			CVC			
CIRCLE APPROPRIATE PRICE BELOW (All prices in U.S. Dollars)									
PenSoft [®] Payroll Premier Edition									
Employee Level	1-50	51-1	00	10	1-250	251-	500	501+	
2023 New Subscription	\$2079.0	00 \$2219	\$2219.00		\$2379.00		9.00	\$2679.00	
ТО	TALS								
Subtotal	\$		Prices are subject to change without prior notice. 04/26/2022						
6% tax (VA Only)	\$	04/26/2022							