



# ASBMS WEB-BASED ORDER FORM

ACCULAW, INC.  
4407 S.W 62<sup>ND</sup> AVE  
DAVIE, FL 33314

### LICENSED TO:

Company (if applicable):		FEIN#:
Name:		Position:
Work #:	Cell #:	E-mail:
Address:		

### INITIAL SERVICE FEES (Mark the services you would like to purchase):

Initial license fee (new customers)	\$ 295.00
Initial setup of site	\$ 120.00
Telephone training & consulting (3 sessions approx; 1-2hrs each session)	\$ 375.00
Quantity discounts for client users (To be discussed with a sales representative)	
Total Due:	

### SERVICE AND LICENSE FEES (available month to month or a one time payment with savings):

License Type (read below for details)	Monthly
1. Administrator (AD)	QTY ___ x \$39.00 = _____
2. Users with full rights (FR)	QTY ___ x \$19.00 = _____
3. Users with limited rights (L R)	QTY ___ x \$10.00 = _____
4. Users with no rights (NR)	QTY ___ x \$10.00 = _____
5. User with restricted rights (RR)	QTY ___ x \$10.00 = _____
6. Data Upload (UD)	QTY ___ x \$10.00 = _____
Total Due:	

- 1. AD: complete rights to all areas of the service and can order user license. (Usually the owner)
- 2. FR: full rights to all areas of the service, are not able to order user licenses. (Usually office help/employees)
- 3. LR: only see their own job management, job notes, clients notes, scheduling and billing area. (Usually sub-contractor)
- 4. NR: access their own scheduling, job management, client notes and job notes, except billing area. (Usually sub-contractor)
- 5. RR: only view invoices and reports, and schedule jobs. (Usually the client)
- 6. DU: option to upload or download content. (add-on feature)

### AUTHORIZED ADMINISTRATORS:

Administrator (Owner):

### USERS:

Name:	License Type:	Last 4 S.S:
Name:	License Type:	Last 4 S.S:
Name:	License Type:	Last 4 S.S:
Name:	License Type:	Last 4 S.S:

### AUTHORIZATION

Name on Card:

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

C.C #: \_\_\_\_\_ EXP : \_\_\_\_\_ CVS: \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card reference above and all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above and agree to the terms of use.

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date

PLEASE SIGN AND FAX TO (954) 587-1926 OR E-MAIL TO SALES @ ACCULAW.COM  
[WWW.ACCULAW.COM](http://WWW.ACCULAW.COM) | TOLL FREE 1 (800) 251-5529