



## Software Order Form

### Billing Information:

Name:	_____
Address1:	_____
Address2:	_____
City:	_____
State:	_____
Zip:	_____
Telephone:	_____
Email:	_____

### Shipping Information: (if different)

Name:	_____
Address1:	_____
Address2:	_____
City:	_____
State:	_____
Zip:	_____
Telephone:	_____
Email:	_____

### Please provide the following information for each product you wish to order:

Product Name:	_____
Quantity:	_____
Price:	_____ (shipping is free)

Product Name:	_____
Quantity:	_____
Price:	_____ (shipping is free)

Product Name:	_____
Quantity:	_____
Price:	_____ (shipping is free)

**Please provide your credit card information:**

Name on Card:	_____
Card Type: (circle)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card Number:	_____
3-Digit Security Code	_____ (found on back of your card)
Expiration Date:	_____

This form can be mailed or faxed back for processing.

Fax to:  
(850) 201-6986

Mail to:  
On Hand Software, Inc.  
P.O. Box 12513  
Tallahassee, FL 32317-2513

Thank you for your interest in On Hand Software products. We hope you enjoy your purchase.

If you have any questions whatsoever regarding the software, please visit <http://www.onhandsoftware.com/Support.html> where you'll find Frequently Asked Questions, Help Files and a Support Request form.