



Min-U-Script Order Form

For on line ordering visit www.minuscript.com or Please fax Order Form with credit card information to 678-298-8530 or Mail completed form with check made payable to:

Min-U-Script
 4305 State Bridge Rd.
 Suite #103-361
 Alpharetta, GA 30022

Upon receipt of Order Form with payment your product code license(s) will be forwarded based on method you have selected.

Company: _____

Address : _____

City : _____ State: _____ Zip: _____

Phone : _____ Fax : _____

Contact: _____ Email: _____

Please send me my activation code via (circle one) Fax Email Phone

Comments:

License Ordered	Quantity	Price	Total
<input type="checkbox"/> Single PC User License		\$ 395.00	\$
<input type="checkbox"/> Single User License Twin Pak (2 PC's)		595.00	
<input type="checkbox"/> Network License – includes Server + 3 workstations		895.00	
<input type="checkbox"/> Each Additional Standalone PC or network Workstation		250.00	
<input type="checkbox"/> New Min-U-Script Scan Pro – Single PC		150.00	
<input type="checkbox"/> New Min-U-Script Scan Pro – Additional PC's		115.00	
<input type="checkbox"/> Min-U-Script Pro Custom CD Menu		95.00	
Min-U-Script Annual Software Updates + Tech Support 6 Months included with purchase			
<input type="checkbox"/> Single PC License		95.00	
<input type="checkbox"/> Multi-PC License		60.00	
Total of Order			\$

Authorization: I acknowledge that I have read, understand and accept the terms of this purchase order and that I am duly authorized to execute this purchase order.

Authorized By: _____ Title: _____

Signature: _____

Date: _____ Method of Payment (circle one): Check Credit Card

Credit Card (circle one): Visa Mastercard American Express

Credit Card Number: _____ Expire Date: _____

Name on card: _____ Security Code: _____

Billing address of card: _____



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