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Contact Name					List all states you process payroll for:						
Company:											
Credit Card Billing	Address (First product MU	ST be shipped to cre	edit card billing address. If PO box it v	will ship US Mail)							
City		State				Zip/Postal Code					
Shipping Address ((if different)										
City		State Zip/Postal Co					ode				
Phone	one Fax			E-mail							
Type of Business:				FEIN:							
Where did you hear about us?□ Current PenSoft Customer (complete below) □ Other:											
I was referred by (company name)											
PenSoft Customer #			Zip Code		Phone Nu			e Numb	Number		
PAYMENT TYPE											
☐ MasterCard	☐ Visa	☐ Discove	☐ Discover ☐ American Expr		rican Expre	ss	☐ Check payable to PenSoft				
Name on card (please print)					Card Number						
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Subtotal	\$	\$89 shipping fee includes Air (\$99 AK & HI, \$119 Ir				first product shipped UPS Next Day Air Saver and quarterly updates sent UPS Second Day					
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6% tax (VA Only)	y) \$		12/1/15								
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