TOTAL

\$



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

2025 PenSoft Pa	ayroll
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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	blanks							
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:	rpe of Business: FEIN:									
Where did you hea	ar about us? \Box	Current PenSoft Cust	tomer (complete bel	ow) 🗌 Oth	er:				
I was referred by (company nam	າe)								
PenSoft Customer # Zip Code			Phone Number							
PAYMENT TYPE										
Check Enclosed E-Check Routing #				Account #						
MasterCard Visa			Discover		□ American Express					
Name on card (please print)				Card Number						
Signature				Expiration	Date		CVC			
CIRCLE APPROP	RIATE PRICE	BELOW (All price	es in U	.S. Dollars						
PenSoft [®] Payroll Premier Edition										
Employee Level	1-50	51-1	100	10	1-250	251-	500	501+		
2025 New Subscription	\$2079.0	00 \$2219	9.00	\$23	379.00	\$2519	ə.00	\$2679.00		
ТО	TALS									
Subtotal	\$		Prices are subject to change without prior notice.							
6% tax (VA Only)	\$	12/16/2024								