

# CLS ~ CheckWriter™ Version 3.6

Prices valid through 3/31/2018

## 1 CheckWriter products

> CLS ~ CheckWriter™	Upgrade	Purchase
CheckWriter (Single-Computer)	<input type="radio"/> \$39	<input type="radio"/> \$129
Additional Single-Computer Licenses	<input type="radio"/> \$29 x ____	<input type="radio"/> \$100 x ____
CheckWriter Network (Single-Server)	<input type="radio"/> \$59	<input type="radio"/> \$299
Payroll Add-on <i>Calculates and prints payroll checks</i>	<input type="radio"/> \$79	<input type="radio"/> \$129
MICR Add-on <i>Print checks on blank check stock</i>	<input type="radio"/> N/C	<input type="radio"/> \$129
Direct Deposit Add-on <i>Requires Payroll and MICR add-ons</i>	<input type="radio"/> N/C	<input type="radio"/> \$129

## 2 Total your CheckWriter order!

### CW Product Total

Add cost of each CW product ordered. \$ \_\_\_\_\_

### Shipping & Handling

- \$ \_\_\_\_\_
- Priority Mail (\$6)
  - 2nd-day (\$26)
  - Next-day air (\$39)

\_\_\_\_\_ Misc. \$ \_\_\_\_\_

### ★ Subtotal ★

Add CW Product Total and Shipping Charges. \$ \_\_\_\_\_

### Sales Tax (GA Only)

County \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

### Priority Support

CLS ~ CheckWriter, \$100 \$ \_\_\_\_\_

### ★ Grand Total ★

Add Subtotal, Sales Tax and CW Priority Support. \$ \_\_\_\_\_

- ✓ Select the CLS ~ CheckWriter™ product(s) to upgrade or purchase and enter the product total where indicated.
- ✓ Check the appropriate shipping method and add the cost to your subtotal.

## 3 Complete the registration and payment information!

CLS Customer No. \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Address  Residential Address

Please check if this is a new address or telephone number.

Email Address \_\_\_\_\_

\* Order confirmations will be sent via email.

### Payment Method

Enclosed is my check made payable to **Financial MicroSystems, Inc.**

Please charge my:  Visa  MasterCard  American Express

Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Credit Card Billing Address ( Same as mailing address above.)

Authorized Name \_\_\_\_\_

Signature \_\_\_\_\_



**Fax your credit card order to:**  
**(770) 446-1802**

### For Internal Use Only

DOC ID \_\_\_\_\_

Order No. \_\_\_\_\_ Batch No. \_\_\_\_\_ Amount of Charge \_\_\_\_\_

Date \_\_\_\_\_ Entered By \_\_\_\_\_ Approval Code \_\_\_\_\_

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