

CLS ~ CheckWriter™ Version 3.9

Prices valid through 3/31/2021

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 (\$9)
 2nd-day (\$35)
 Next-day air (\$45)

_____ **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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