



1788 Drew Road Unit A
 Mississauga, Ontario, CANADA
 L5S 1L7
 Ph: (888) 260-8181
 Fax: (905) 362-4374

Sales Representative: _____ Referenced By: _____

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Phone: _____ Email: _____

Hardware <input type="checkbox"/> DELL Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Laptop <input type="checkbox"/> Impact Receipt Printer <input type="checkbox"/> 17" Touch Screen <input type="checkbox"/> Thermal Receipt Printer <input type="checkbox"/> 19" Touch Screen <input type="checkbox"/> Cash Drawer <input type="checkbox"/> 22" Touch Screen <input type="checkbox"/> Laser Scanner <input type="checkbox"/> 22" LED/LCD Screen <input type="checkbox"/> Signature Pad _____ Number of Licenses	Modules <input type="checkbox"/> Hotel Integration <input type="checkbox"/> Online Booking <input type="checkbox"/> Platinum Mark. Mod. <input type="checkbox"/> Online Shopping <input type="checkbox"/> Marketing Module <input type="checkbox"/> QuickBooks Link <input type="checkbox"/> Credit Card Module <input type="checkbox"/> Tanning Module <input type="checkbox"/> Credit/Debit Module <input type="checkbox"/> Biometrics <input type="checkbox"/> Online Gift Cards <input type="checkbox"/> EMR Forms <input type="checkbox"/> EMR Insurance	Gift Cards <input type="checkbox"/> Bronze <input type="checkbox"/> Bronze <input type="checkbox"/> White <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Silver <input type="checkbox"/> Colored <input type="checkbox"/> Colored <input type="checkbox"/> Gold <input type="checkbox"/> Gold Qty. _____ Qty. _____	Rewards Card <input type="checkbox"/> Bronze <input type="checkbox"/> Bronze <input type="checkbox"/> White <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Silver <input type="checkbox"/> Colored <input type="checkbox"/> Colored <input type="checkbox"/> Gold <input type="checkbox"/> Gold Qty. _____ Qty. _____
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Cheque Master Card VISA American Express Cash
 Card No. _____
 Exp. _____ Sec. _____

First and Last Payment (\$) _____ Deposit (\$) _____
 Down Payment (\$) _____ Shipping (\$) _____
Total Sale (\$): _____

Services
 Data Customization
 Unlimited 3 months support and upgrades
 Client Conversion
 Customized Forms

Additional Notes:

With the training Package, **spaware / salonware / mdware** will provide you with unlimited toll free telephone technical support and upgrades for the period of **three months** from date of licensing.

Hardware **purchased from us** comes with a **one year warranty**. If your system is not operational, we will make every reasonable effort to ensure next day service/repair.

Monthly Upgrades and Support for _____ station(s) of, **spaware / salonware / mdware** is \$_____ per month.

All sales are final.

Signature: _____

Date: _____

By typing or signing your name, you agree to the terms and conditions of this contract