



Min-U-Script Order Form

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Min-U-Script
4305 State Bridge Rd.
Suite #103-361
Alpharetta, GA 30022

Upon receipt of Order Form with payment your product code license(s) will be forwarded based on method you have selected.

Company: _____

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Please send me my activation code via (circle one) Fax Email Phone

Comments:

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|--|----------|-----------|-------|
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| <input type="checkbox"/> Single User License Twin Pak (2 PC's) | | 595.00 | |
| <input type="checkbox"/> Network License – includes Server + 3 workstations | | 895.00 | |
| <input type="checkbox"/> Each Additional Standalone PC or network Workstation | | 250.00 | |
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| <input type="checkbox"/> New Min-U-Script Scan Pro – Additional PC's | | 115.00 | |
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| Min-U-Script Annual Software Updates + Tech Support 6 Months included with purchase | | | |
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Authorization: I acknowledge that I have read, understand and accept the terms of this purchase order and that I am duly authorized to execute this purchase order.

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Signature: _____

Date: _____ Method of Payment (circle one): Check Credit Card

Credit Card (circle one): Visa Mastercard American Express

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