

Order Processing Form - Internal

CLIENT INFORMATION

* MBS Authorized Phone # _____ Account # _____
 * MBS Registered Site-Name _____ for _____
 Street Address _____ Address 2 _____
 City, State, Zip _____ Point of Contact _____
 Phone (if different from MBS #) _____ Fax _____
 Email _____ ePartners Representative _____

* MBS Authorized Phone # and Registered Site-name required

SERVICE REQUESTED

___ Quote ___ Product Order ___ Enhancement Renewal ___ Product Registration Request (Reg Key)
 GP Enhancement Renewal date _____
Enhancement amount below is based on renewal 12 months from today - GP alignment may alter this and your renewal date.

SOFTWARE INFORMATION

Microsoft Business Solutions

Platform ___ Dynamics GP ___ Professional Version ___ 10.0 ___ 9.0 ___ 8.0 ___ Other - V # _____

Signature Series Solutions

HR and Payroll Solutions

Employee Count

___ 1 - 100 Employees ___ 501 - 1000 Employees
 ___ 101 - 250 Employees ___ 1001 - 2000 Employees
 ___ 251 - 500 Employees ___ Unlimited Employees

Payroll Outsourcing Integrations

___ ADP Integration for HR
 ___ Ceridian Integration for HR
 ___ Paychex GL Import

HR and Payroll

___ Accrual Extensions _____ Bundle
 ___ Life Insurance Manager
 ___ Mass Payroll Entry
 ___ Payroll Extensions
 ___ Payroll Posting Account Accelerator
 ___ Retroactive Pay Calculator

Financials Solutions

___ iMIS Import
 Core Financials _____ Bundle

___ AP Quick Entry
 ___ Batch "Fixer" Utility
 ___ GL Batch Import
 ___ GL Utility

Enterprise Financials

___ Allocation Manager _____ Bundle
 ___ AP Quick Entry
 ___ Card Replicator
 ___ Intercompany Extensions

eConnect Solutions

eConnect Extensions _____ Bundle
 ___ Complete Connect Outbound - Offering
 ___ exERPts-Data Management Tool for eConnect

ORDER PROCESSING

Please refer to SS' 'PRICE GUIDE' for current pricing. There is an 18% Enhancement Fee applied to all products at the time of purchase, excluding Batch Fixer. This guarantees delivery of all upgrades for the first year; Enhancement renewal due annually thereafter. **ALL SALES ARE FINAL**

Product/Enhancement Purchase

Total Product Amount \$ _____

Product Amount owed \$ _____

Enhancement Amount+ \$ _____

Sub - total= \$ _____

Discount (if applicable) - \$ _____

Tax (if applicable) + \$ _____

Total Amount due ePartners= \$ _____

Enhancement renewal good _____ - _____
 GP alignment may alter this information

Order Authorized by

Printed Name _____

Signature _____

Method of Payment

___ Bill me at above ___ Partner ___ Client address
 ___ Credit Card - Please send me a Credit Card Transaction Form
 ___ Check - Remit to: ePartners, Inc., Attn: Becky Carspecken
 6565 N MacArthur Blvd, Suite 950, Irving, TX 75039

Please fax completed order form to 850-926-3740 Attn: Signature Series. For questions regarding your order, please contact our office at 866-529-1790 or e-mail ss@epartnersolutions.com

Internal Use

Order processed on _____ / _____ / _____ by _____

Client Regkeyed on _____ / _____ / _____ by _____

Record updated on _____ / _____ / _____ by _____

DATE _____ - Quote expires in 30 days

Success is in the partners you choose.®

epartners®

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