

# Order Processing Form - Partner

## PARTNER INFORMATION CLIENT INFORMATION

|                        |  |
|------------------------|--|
| Company _____          | * MBS Authorized Phone # _____                             |
| Street Address _____   | * MBS Registered Site-Name _____                           |
| Address 2 _____        | for _____  |
| City, State, Zip _____ | Street Address _____                                       |
| Billing Contact _____  | City, State, Zip _____                                     |
| Phone _____ Fax _____  | Point of Contact _____                                     |
| Email _____            | Fax _____ Email _____                                      |
| Sales Contact _____    | * 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**

|   |   |
|---|---|
| <p><b>HR and Payroll Solutions</b></p> <p><i>Employee Count</i></p> <p> <input type="checkbox"/> 1 - 100 Employees              <input type="checkbox"/> 501 - 1000 Employees<br/> <input type="checkbox"/> 101 - 250 Employees              <input type="checkbox"/> 1001 - 2000 Employees<br/> <input type="checkbox"/> 251 - 500 Employees              <input type="checkbox"/> Unlimited Employees         </p> <p><i>Payroll Outsourcing Integrations</i></p> <p> <input type="checkbox"/> ADP Integration for HR<br/> <input type="checkbox"/> Ceridian Integration for HR<br/> <input type="checkbox"/> Paychex GL Import         </p> <p><i>HR and Payroll</i> _____ Bundle</p> <p> <input type="checkbox"/> Accrual Extensions<br/> <input type="checkbox"/> Life Insurance Manager<br/> <input type="checkbox"/> Mass Payroll Entry<br/> <input type="checkbox"/> Payroll Extensions<br/> <input type="checkbox"/> Payroll Posting Account Accelerator<br/> <input type="checkbox"/> Retroactive Pay Calculator         </p> | <p><b>Financials Solutions</b></p> <p> <input type="checkbox"/> iMIS Import<br/> <i>Core Financials</i> _____ Bundle<br/> <input type="checkbox"/> AP Quick Entry<br/> <input type="checkbox"/> Batch "Fixer" Utility<br/> <input type="checkbox"/> GL Batch Import<br/> <input type="checkbox"/> GL Utility<br/> <i>Enterprise Financials</i> _____ Bundle<br/> <input type="checkbox"/> Allocation Manager<br/> <input type="checkbox"/> AP Quick Entry<br/> <input type="checkbox"/> Card Replicator<br/> <input type="checkbox"/> Intercompany Extensions<br/> <b>eConnect Solutions</b><br/> <i>eConnect Extensions</i> _____ Bundle<br/> <input type="checkbox"/> Complete Connect Outbound - Offering<br/> <input type="checkbox"/> exERPts-Data Management Tool for eConnect         </p> |
|---|---|

## 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**

|   |       |
|---|-------|
| <b>Product/Enhancement Purchase</b>   |       |
| Total Product Amount \$   | _____ |
| Product Amount owed \$  | _____ |
| 18% of list price > Enhancement Amount+ \$  | _____ |
| <b>Product total with Enhancement= \$</b>   | _____ |
| 30% Partner Margin > Discount (if applicable)- \$   | _____ |
| <b>Sub-total= \$</b>  | _____ |
| Tax (if applicable) + \$  | _____ |
| <b>Total Amount due ePartners= \$</b>   | _____ |
| <i>Enhancement renewal good _____</i><br><i>GP alignment may alter both the amount and renewal date</i> |       |
| <b>DATE</b> _____ - <b>Quote expires in 30 days</b>   |       |

**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](mailto:ss@epartnersolutions.com)

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**Internal Use**  
 Order processed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by \_\_\_\_\_  
 Client Regkeyed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by \_\_\_\_\_  
 Record updated on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by \_\_\_\_\_