

ORDER FORM

Description of Goods and cost breakdown:

One CD Rom Disk – one ICPP Professional Package complete with User-Manual and Installation of software and Basic training via telephone	\$ 75.00
One Ream of 500 ICPP ABA approved Transaction Forms.	\$ 95.00
First month License payment.....	\$ 14.97

Total Amount due with order: **\$ 184.⁹⁷ + \$ 18.03 tax = \$203.00**

ICPP agrees to ship the above noted product on receipt of the initial payment of \$203.00

Company noted below (hereafter referred to as the Company) agrees to pay \$ 203.00 via check for the above listed items. Company also agrees to allow ICPP to schedule monthly check payments using the ICPP Auto-Payment-Check-Scheduler in the amount of \$ 14.⁹⁷ each month with the first check # 510-1 commencing on the ____ day of ____ 2010. The 2nd check the following month will be numbered 510-2, 3rd check will be 510-3 etc...

IMPORTANT: Company noted below agrees to notify ICPP in writing if they close the bank account that these payments are being drawn on a minimum of 15 days prior to scheduled payment and will provide the new bank account information at the same time. If there are insufficient funds to cover a scheduled payment the company agrees to cover the NSF amount plus pay an additional \$25 fee per NSF check within 7 days of notification.

This agreement is to remain in full force until the Company notifies ICPP in writing that they wish to terminate the agreement. On receipt of this written notice ICPP will contact the company representative within 7-days to 'Kill' the built-in License in the software application. The last check payment processed will be for all outstanding amounts due ICPP including the full \$ 14.⁹⁷ amount of the last month that the agreement was terminated. Once the Kill Code is issued to the Company they agree to uninstall the ICPP application from all of their computers.

(Please Print Clearly using black ink)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Contact Name Signature: _____ Date of this agreement: _____

Authorized to sign agreement on behalf of Company

What version of Windows is on the computer that you will install ICPP on? _____

Tape your Check Payment here and fax it to ICPP at: 310-388-5215