

# S E Q U O I A V I S I O N S

Sales and Technical Number  
Facsimile Number

Toll Free (888) 737-8642  
(775) 849-8423

Name:
Email ( For future notice of upgrades ) :
Shipping Address:
City, State and Zip code:
Phone Number:

## **LEGAL SOFTWARE**

Purchase Registration and License for "ONLINE DEMAND" Sale \$900.00  
(Price includes up to 3 workstations per License)  
*One year contract required with licensing for a monthly fee of \$150.00 charged to credit card.*

**Additional 3 Attorney Workstation – Licensing** Sale \$250.00 per license      Quantity \_\_\_\_\_  
(Price includes up to 3 additional workstations per License)  
*One year contract required with licensing for a monthly fee of \$29.00 per user charged to credit card.*

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## **MEDICAL SOFTWARE**

**Purchase Medical Suite Online** Sale \$3,500.00  
(Price includes up to 3 workstations per License)  
*One year contract required with licensing for a monthly fee of \$150.00 charged to credit card.*

**Additional Workstations (More than one physician user )** \$1,500.00 each group of 3      Quantity \_\_\_\_\_  
(Price includes up to 3 additional workstations per License)  
*One year contract required with licensing for a monthly fee of \$50.00 charged to credit card.*

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## **TWO DAY RENO WORKSHOP WITH CERTIFICATION**

**Purchase Registration\*\*\***      Quantity \_\_\_\_\_ 2,000.00  
\*\*\* (Discount of \$500.00 if software has been purchased)      Quantity \_\_\_\_\_ 1,750.00

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Total Purchase \$ \_\_\_\_\_

### **SELECT TYPE OF CREDIT CARD: (CHECK ONE)**

Visa                                       MasterCard                                       American Express

Name on Credit Card if Different than above \_\_\_\_\_

Card Number: \_\_\_\_\_ (Please Print Clearly)      Card verification #: \_\_\_\_\_

Date of Expiration: \_\_\_\_/\_\_\_\_ (Month/Year)

This order form can be faxed directly to Sequoia Visions, Inc. at (775) 849-8423

### **MAKE CHECKS PAYABLE TO:**

**SEQUOIA VISIONS, INC.**

205 SCOTCH PINE RD.      RENO, NEVADA 89511