

Please complete a separate form for each EFIN and location.

235 East Palmer Street • Franklin, NC 28734-3049 • 800.890.9500 • Fax 828.369.9928 • Email: Sales@DrakeSoftware.com

* = Required Fields

*Firm Name _____	Shipping Address, if Different (No Post Office Boxes)
*DBA _____	Address Line 1 _____
*Primary Contact _____	Address Line 2 _____
Secondary Contact _____	City, ST, ZIP _____
*Address Line 1 _____	Delivery Instructions for UPS (100 Characters or Less):
Address Line 2 _____	_____
*City, ST, ZIP _____	_____

**EFIN (6-Digit Number) _____	Drake Account # _____
*# of Additional Sites for Firm _____	*Primary Phone # _____
*Owner(s) of Firm _____	Cell Phone # _____
*EIN _____ or *SSN _____	Fax # _____
*Email Address _____	Previous Accounting Software Used _____
*Entity Type <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corp <input type="checkbox"/> LLC-Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Tax-Exempt <input type="checkbox"/> Other <input type="checkbox"/> LLC-Single Member <input type="checkbox"/> LLC-Partnership	How Did You Learn About Drake? (i.e. Ad, Show, Seminar, Website, Peer, etc.) _____
** If you haven't already done so, please fax your IRS e-file Application Summary to 828.349.5733. _____	

2018 Drake Accounting	Cost	# of Sites	Total Cost
(W-2, 1099, Live & After-the-Fact Payroll, 940, 941s, State UI Quarterly Reports) Bookkeeping (G/L, Trial Balance, Profit & Loss and Balance Sheet), Accounts Receivable, & Accounts Payable	\$ <u>795</u>	_____	\$ _____
Download Only - Sales Tax - All States & Jurisdictions (Except: AK, AR, CA, DC, DE, FL, GA, HI, IA, ID, MD, MO, MT, NH, NJ, NV, OK, OR, SC, and VA)	Sales Tax Rate _____ % = \$ _____		
		TOTAL	\$ _____

I agree to the terms and conditions of the Drake Accounting 2018 End User Nondisclosure and License Agreement.

* _____ *
Signature Required Date of Order

Print & Sign (e-mailed order forms will NOT be accepted)
License agreement: <http://www.drakesoftware.com/PDF/daslicense2018.pdf>
System requirements: <http://www.drakesoftware.com/PDF/dassysreq2018.pdf>

Make Checks Payable To: **Drake Software**
(\$25 charge and termination **Attn: Accounting**
of service for returned checks) **235 East Palmer Street**
Franklin, NC 28734-3049

CHECK VISA MASTERCARD DISCOVER AMEX

Card Number: _____

Exp Date: _____ CW _____

CC Billing Address: _____

Cardholder's Name _____ (Please Print)

Signature _____

Print & Sign (e-mailed order forms will NOT be accepted)