

Please complete a separate form for each EFIN and location.

* = Required Fields

235 East Palmer Street • Franklin, NC 28734-3049 • 800.890.9500 • Fax 828.369.9928

*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. _____	

CHOOSE YOUR PRODUCT	COST	# OF SITES	TOTAL
<input type="checkbox"/> Drake Accounting 2019 - Professional Edition (accounting & payroll solution)\$ _____ April-May - \$595 June-July - \$645 August-September - \$695 October-November - \$745 December - \$795		_____	\$ _____
<input type="checkbox"/> Drake Accounting 2019 - Forms Edition (included in the Professional Edition)\$ <u>395</u>			
DELIVERY			
Download Only (no CDs)..... \$ <u>FREE</u>			\$ <u>FREE</u>
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)			
		SUBTOTAL	\$ _____
State, County, and City Sales Tax based on Shipping Address and Delivery Method - Enter Total Rate _____ % =			\$ _____
		TOTAL	\$ _____

I agree to the terms and conditions of the Drake Software 2018 License and Non-Disclosure Agreement.

* _____ *

Signature Required _____ Date of Order _____

Print & Sign (emailed order forms will **not** be accepted)
License agreement: DrakeSoftware.com/PDF/daslicense2019.pdf
System requirements: DrakeSoftware.com/PDF/dassysreq2019.pdf

CHECK VISA MASTERCARD DISCOVER AMEX

Card Number: _____

Exp Date: _____ CW _____

CC Billing Address: _____

Cardholder's Name _____ (please print)

Signature _____

Print & Sign (emailed order forms will **not** be accepted)

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