

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 _____	_____

*# of Additional Sites for Firm _____	Drake Account # _____
*Owner(s) of Firm _____	*Primary Phone # _____
*EIN _____ or *SSN _____	Cell Phone # _____
*Email Address _____	Fax # _____
*Entity Type <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corp	Previous Accounting Software Used
<input type="checkbox"/> LLC-Corporate <input type="checkbox"/> Other <input type="checkbox"/> Tax-Exempt <input type="checkbox"/> Partnership	_____
<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"/> <b>Drake Accounting 2020 - Professional Edition</b> (accounting & payroll solution) ....\$ _____ April-May - \$595   June-July - \$645   August-September - \$695   October-November - \$745   December - \$795		_____	\$ _____
<input type="checkbox"/> <b>Drake Accounting 2020 - Forms Edition</b> (included in the Professional Edition) ....\$ <u>395</u>			
<b>DELIVERY</b>			
<b>Download Only</b> (no CDs).....	\$ <u>FREE</u>		\$ <u>FREE</u>
Sales Tax - All States & Jurisdictions (except: AK, AR, CA, DE, FL, GA, ID, MD, MO, MT, NH, NJ, NV, OK, OR, SC, and VA)			
		<b>SUBTOTAL</b>	\$ _____
State, County, and City Sales Tax based on Shipping Address and Delivery Method - Enter Total Rate _____ % =			\$ _____
		<b>TOTAL</b>	\$ _____

I agree to the terms and conditions of the Drake Software 2020 License and Non-Disclosure Agreement.

\* \_\_\_\_\_ \*

Signature Required \_\_\_\_\_ Date of Order \_\_\_\_\_

Print & Sign (emailed order forms will **not** be accepted)  
License agreement: DrakeSoftware.com/PDF/daslicense2020.pdf  
System requirements: DrakeSoftware.com/PDF/dassysreq2020.pdf

CHECK  VISA  MASTERCARD  DISCOVER  AMEX

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CW \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

\_\_\_\_\_

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**

Cardholder's Name \_\_\_\_\_ (please print)

Signature \_\_\_\_\_

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