

Customer Information						
*Registered Site Name:						
Company Name:			Purchase Order:			
*Microsoft Account #:		*Dynamics Product: <input type="checkbox"/> GP <input type="checkbox"/> SL <input type="checkbox"/> NAV <input type="checkbox"/> AX <input type="checkbox"/> Other		*Version:		
Registered Phone #:			Fax #:			
*Renewal Date: <input type="checkbox"/> Match Microsoft Date:                      OR <input type="checkbox"/> One Year from date of order						
*Contact Name:						
*Contact Email:						
Address						
Line 2						
Line 3						
City		State	Zip			
Country						
Partner Information						
*Company Name:						
*Renewal Contact:			*Email:			
Sales Rep:			Email:			
<i>New Partners please fill out information below</i>						
Address						
Line 2						
Line 3						
City		State	Zip			
Country						
*Products						
System	Accountable Products		Number of ERP System Users			
			1 to 20 Users	21 or More Users		
Dynamics GP	AnyView Creator		<input type="checkbox"/>	<input type="checkbox"/>		
	Forms Printer		<input type="checkbox"/>	<input type="checkbox"/>		
	Forms Printer for Project Accounting		<input type="checkbox"/>	<input type="checkbox"/>		
	ZipAssist		<input type="checkbox"/>	<input type="checkbox"/>		
Dynamics SL	AnyView Explorer		<input type="checkbox"/>	<input type="checkbox"/>		
AnyView IDS	Concurrent Users: <i>(Enter the TOTAL number required – the first 5 are free with base system purchase)</i>					
	Delivery Options: <i>(Check all options required - 1 is free with base system purchase)</i>	Web Application			<input type="checkbox"/>	
		Excel Add In			<input type="checkbox"/>	
		Web Parts for Business Portal or SharePoint			<input type="checkbox"/>	
		SQL Reporting Services Data Extension			<input type="checkbox"/>	
		Development SDK			<input type="checkbox"/>	
AnyView IDS Fast Start Installation and Implementation					<input type="checkbox"/>	
AnyView IDS Training – Per Hour <i>(Enter number of hours required)</i>						
*Payment Information						
	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Keep Card On File	<input type="checkbox"/> Check	<input type="checkbox"/> Terms <i>(Must be Preapproved)</i>		
	Credit Card Number:			Expiration Date:		
	Name on Card:			Billing Zip Code:		

**\*Indicates fields REQUIRED to place an Order**