

ORDER FORM – Complete and return to Solutions 4 – Fascimile: 02 9868 6661

Payments should be made payable to Auto Care Software.

Software will be issued on receipt of payment only

Auto Care Software – PO Box 163 Highbury SA 5089 Phone (08) 8396 5605 Fax (08) 8265 5959

Please rush me the Auto Care computer programme.

<input type="checkbox"/> Auto Care Standard	\$1450	Total \$ _____
<input type="checkbox"/> Auto Care PREMIUM	\$1950	Total \$ _____
<input type="checkbox"/> Auto Care Point of Sales	\$440	Total \$ _____
<input type="checkbox"/> Auto Care Payroll	\$660	Total \$ _____
<input type="checkbox"/> Network * (additional workstations)	\$880	Each \$ _____
<input type="checkbox"/> Annual Support [#]	\$572	Each \$ _____
<input type="checkbox"/> Annual Support Workstation [#]	\$330	Each \$ _____
<input type="checkbox"/> Annual Support Payroll [#]	\$220	Each \$ _____
<input type="checkbox"/> Accountants COPY (Annual Fee)	\$55	Total \$ _____

[#] For subsequent years only
* \$990 for Auto Care Premium

OPTIONS

<input type="checkbox"/> SMS Utility	\$149	Total \$ _____
<input type="checkbox"/> Company Logo (invoices)	\$165	Total \$ _____
<input type="checkbox"/> Auto Care Users Guide	\$55	Total \$ _____
<input type="checkbox"/> PC Anywhere (Remote Access)	\$275	Total \$ _____
<input type="checkbox"/> RemoteHelp (Annual Fee)	\$66	Total \$ _____

HARDWARE

<input type="checkbox"/> Powerware UPS	\$385	Total \$ _____
<input type="checkbox"/> Bar Code Scanner	\$275	Total \$ _____

TRAINING

<input type="checkbox"/> Auto Care Remote (per 2 hours)	\$220	Total \$ _____
<input type="checkbox"/> Auto Care Training (Our Office)	\$660	Total \$ _____
<input type="checkbox"/> Auto Care Training (Onsite Bus Hours)	\$660	Total \$ _____
<input type="checkbox"/> Installation (where required)	\$110	Total \$ _____

Travel & Accommodation (where required) _____
*Quote on application, *Required for additional PC*

TOTAL _____

PLEASE PRINT

Contact Person:
Company Name:
Address:
City/State/Postcode:
Phone: Fax:
Mobile:
Email:

Payment method: Cheque Direct Deposit
 Bankcard MasterCard Visa

Payment Amount: _____
Card holders Name:
Card Number:
Expiry Date:
Authorisation / Signature: _____

Software will be sent via Express Post on receipt of payment.

#AUTO CARE PREMIUM is required for Bar Code, Cash Draw and SMS module.

Distributed by Solutions 4 Pty Ltd in NSW on behalf of Data Development.

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