

CHILDCARE MANAGER EXTENDED SUPPORT PLAN (ESP) ORDER FORM



- YES, renew my ESP for \$139 with the **credit card** information listed below.
- YES, renew my ESP for \$139 with the **electronic check** information listed below.
- YES, renew my ESP for \$139 with my **purchase order** number _____. Please FAX your PO.
- Please invoice me for my renewal for \$139.
- I authorize you to automatically renew my ESP each year using the payment method listed below.**
(you will be mailed a yearly reminder)

BY CREDIT/DEBIT CARD

CENTER & CONTACT NAME _____
NAME (as it appears on the card) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
CREDIT CARD NUMBER _____ EXP. DATE _____ CVV# (on back) _____

BY CHECK

Make checks payable to "Personalized Software" and mail to:

Personalized Software
P.O. Box 359
Phoenix, OR 97535

Or Check-by-Phone (electronic check); FAX this form and to:
(541) 535-8889

ROUTING# _____ ACCT# _____
CHECK# _____ BANK NAME# _____
NAME ON ACCOUNT _____
ADDRESS (as it appears on the card) _____
CITY# _____ STATE# _____ ZIP# _____
SIGNATURE# _____ DATE# _____

If you'd rather fill in a check instead of filling out the form,
you may FAX a copy of your completed check.

PLACE YOUR COMPLETED CHECK HERE

PLACING YOUR ORDER

FAX: (541) 535-8889

PHONE: (800) 553-2312 ext.200

MAIL:

Personalized Software
P.O. Box 359
Phoenix, OR 97535