Drake Accounting

2019 DrakeAccounting **NEW** Order Form

Please complete a separate form for each EFIN and location.

*= Required Fields

1914 South 'S' Street • Fort Smith, AR 72901 • 800.382.0787 or 800.890.9500 • Fax 479.782.3047

*Firm Name _____

*DBA _____

*Primary Contact _____

Secondary Contact _____

*Address Line 1 _____

Address Line 2 _____

*City, ST, ZIP _____

Shipping Address, if Different (no post office boxes)

Address Line 1 _____

Address Line 2 _____

City, ST, ZIP _____

Delivery Instructions for UPS (100 characters or less):

_____

_____

**EFIN (6-digit number) _____

*# of Additional Sites for Firm _____

*Owner(s) of Firm _____

*EIN _____ or *SSN _____

*Email Address _____

*Entity Type ☐ Individual/Sole Proprietor ☐ Corp ☐ LLC-Corporate ☐ Partnership ☐ Tax-Exempt ☐ Other ☐ LLC-Single Member ☐ LLC-Partnership

Drake Account # _____

*Primary Phone # _____

Cell Phone # _____

Fax # _____

Previous Accounting Software Used

_____

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
☐ **Drake Accounting 2019 - Professional Edition** (accounting & payroll solution) April-May - $595 | June-July - $645 | August-September - $695 | October-November - $745 | December - $795	$_____	_____	$ _____
☐ **Drake Accounting 2019 - Forms Edition** (included in the Professional Edition)	$ 395		

DELIVERY

Download Only (no CDs)	$ FREE		$ FREE
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

Make Checks Payable To:
($25 charge and termination of service for returned checks)

Drake Software
1914 South 'S' Street
Fort Smith, AR 72901
Fax 479.782.3047

☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Card Number: _____

Exp Date: _____ CVV _____

CC Billing Address: _____

_____

Cardholder's Name _____ (please print)

Signature _____

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