

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 _____	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"/> Drake Accounting 2020 - Professional Edition (accounting & payroll solution) April-May - \$595 June-July - \$645 August-September - \$695 October-November - \$745 December - \$795			
<input type="checkbox"/> Drake Accounting 2020 - Forms Edition (included in the Professional Edition)			
DELIVERY			
Download Only (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)			
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 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 1914 South 'S' Street
of service for returned checks) Fort Smith, AR 72901
Fax 479.782.3047

Cardholder's Name _____ (please print)

Signature _____

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