

SALES ORDER

Customer Information:**DATE :**

Organization Name	CSIG, Inc.
Street Address	721 Broadway, Suite 270
City/State/Zip	Kingston, NY 12401
Phone # ()	Phone # (845) 383-3800
Fax # ()	Fax # (845) 383-3835
Contact Name	www.csiginc.com

Order Information:

Item Description	Quantity	Price
CareWorks Software – Version 3.51	1	500.00
One year unlimited technical support (1 st year required)		100.00
Tax Exempt		yes
Sub-Total		600.00

TOTAL DUE \$600.00

I agree to the terms above:

X _____
(Customer Signature)

If you would like to pay by credit card:

Name on Card _____

Address on Card _____

Master Card or VISA # ____ - ____ - ____ - ____

Expiration Date ____ / ____



Tax Exempt Federal ID# _____

IMPORTANT: CSIG, Inc. Technical Support does not include network issues.**IMPORTANT:** Please designate ONE person from your program to call for Technical Support.PLEASE MAKE CHECK PAYABLE TO: **CSIG, INC.**

THANK YOU FOR YOUR ORDER