

Patient Appointment Manager Pro

ORDER TODAY!

**90-Day
Unconditional
Money-Back
Guarantee**

License Information		
	Your Price	Amount
Single-user	\$495	
2-User	\$595	
3-User	\$695	
4-User	\$795	
5-User	\$895	
6-User	\$995	
7-User	\$1,095	
8-User	\$1,195	
9-User	\$1,295	
10-User	\$1,395	
15-User	\$1,895	
20-User	\$2,395	

Don't see the license you need? Call to customize your own multi-user package 1-800-874-8801

Annual Software Enhancement Plan		
	Your Price	Amount
Single-user	\$150	
2-User	\$180	
3-User	\$210	
4-User	\$240	
5-User	\$270	
6-User	\$300	
7-User	\$330	
8-User	\$360	
9-User	\$390	
10-User	\$420	
15-User	\$570	
20-User	\$720	

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Special Offers		
Increase Productivity with Additional ABS Software Titles		Amount
Staff Files human resource software	Single-user license \$235 (reg. \$295)	
Visual Staff Scheduler Pro employee scheduling software	Single-user license \$395 (reg. \$495)	

Multi-user versions available. Call today for special pricing! Visit www.abs-usa.com for product information.

Shipping		
Shipping Method	Your Price	Amount
Ground	\$9.95	
3 Day	\$15.00	
2 Day	\$25.00	
Next Day	\$35.00	
International	Call 1-701-235-5226	
Subtotal:		
ND and IN residents please add applicable state and local sales tax, TAX:		
Tax Exempt No:	Total:	

Annual Software Enhancement Plan

We're committed to providing world-class service and support. Add an Annual Software Enhancement Plan today and enjoy the peace of mind you deserve. With the Annual Enhancement Plan you will receive:

- Free upgrades
- Free media replacement if your software becomes lost or damaged
- Free unlimited telephone and e-mail access to our support technicians

Download now:
www.patientappointmentmanager.com
Call toll-free: **1-800-874-8801**
Fax this order form: **1-701-280-0842**
Mail this order form:
Atlas Business Solutions
PO Box 9013, Fargo, ND 58106-9013

Shipping Information

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TITLE _____

COMPANY _____

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DAYTIME TELEPHONE _____ FAX _____

E-MAIL ADDRESS _____

Billing Information

Please check if same as Shipping Information

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DAYTIME TELEPHONE _____

FAX _____

Payment Information

Please check choice

VISA American Express

MasterCard Discover/Novus

Check

Purchase Order # _____ *

CARD NUMBER _____

EXPIRATION DATE _____

CARDHOLDER NAME _____

SIGNATURE _____

*Copy of Purchase Order must accompany this form

