

ORDER TODAY!

90-Day Unconditional Money-Back Guarantee

License Information			
	Standard Edition	Pro Edition	Amount
Single-user	\$295	\$495	
2-User	\$395	\$595	
3-User	\$495	\$695	
4-User	\$595	\$795	
5-User	\$695	\$895	
10-User	\$1,195	\$1,395	
15-User	\$1,695	\$1,895	
20-User	\$2,195	\$2,395	
40-User	\$4,195	\$4,395	
60-User	\$6,195	\$6,395	

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

Annual Software Enhancement Plan

	Standard Edition	Pro Edition	Amount
Single-user Plan	\$90	\$150	
2-User Plan	\$120	\$180	
3-User Plan	\$150	\$210	
4-User Plan	\$180	\$240	
5-User Plan	\$210	\$270	
10-User Plan	\$360	\$420	
15-User Plan	\$510	\$570	
20-User Plan	\$660	\$720	
40-User Plan	\$1,260	\$1,320	
60-User Plan	\$1,860	\$1,920	

Call to customize your own multi-user package 1-800-874-8801

Special Offers

Increase Productivity with A	Amount	
Customer Appointment Manager appointment scheduling 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.staff-files.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

NAME				
TITLE				_
COMPANY				_
ADDRESS				_
CITY				_
STATE	ZIP			_
DAYTIME TELEPHONE		FAX		_
E-MAIL ADDRESS				

Billing Information

☐ Please check if same as Shipping Information

NAME		
COMPANY		
ADDRESS		
CITY		
STATE	ZIP	
DAYTIME TELEPHONE		
FΔX		

Payment information						
Please check choice	1					
□VISA	☐ American Express					
■ MasterCard	□ Discover/Novus					
□ Check						
☐ Purchase Order #		-×				
CARD NUMBER		_				
EXPIRATION DATE		_				
23.30.000.000						
CARDHOLDER NAME		_				

*Copy of Purchase Order must accompany this form

