

# HRtrax Product Order Request

HRtrax Distributor Name & Address:

Fax to: **Michaelsoft (909) 792-8229**

or

Mail to: **Michaelsoft, Inc.**

1794 Canyon Road

Suite 102

Redlands, CA 92373

Date \_\_\_\_\_ PO Number \_\_\_\_\_

All Products are Prepaid or Net 20 from Receipt

Products will be shipped to the licensee address above – When needed, photocopy for additional forms...

End User Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

HRtrax Service Level (each item, check only one)

- A. Employees-on-file  **S** Up to 150  
 **M** Up to 300  
 **L** Up to 500  
 **XL** Up to 1,000  
 **XXL** Unlimited

B. User-level  **Solo** (single-user)  **Enterprise** (multi-user)

C. Include Advanced Benefits Calculator (ABC) option? Yes  No

D. Include Document Object Control (DOC) option? Yes  No

E. Additional Manuals at \$35.00 each; number of additional manuals needed \_\_\_\_\_

Other Product Requests: \_\_\_\_\_

May we contact your client in 90 days to ask them if HRtrax and its implementation has met their expectations? Yes  No

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is understood that Michaelsoft current Marketing Agreement governs all products shipped. If you do not have a current copy of the Marketing Agreement, request a copy, before ordering products.

## Michaelsoft Use:

Date Received \_\_\_\_\_ Date Shipped \_\_\_\_\_ Shipped Via \_\_\_\_\_

Serial number \_\_\_\_\_ Version ID \_\_\_\_\_ Comments \_\_\_\_\_