

# Inservice Monitoring System™ ORDER FORM

Date: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: FAX: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Hardware Name/Model: \_\_\_\_\_

Networking: No: \_\_\_\_\_ Yes (system used): \_\_\_\_\_

## Software Order Selection

## Annual Maintenance (15% per year)

\_\_\_\_\_ *Inservice Monitoring System* **\$1995.00\***

\_\_\_\_\_ **\$299.25\***

\* Multi Facility Discount Policy (with purchase of two or more systems)

System 1 - 5% System 2 - 10% System 3 or more - 15%

\* Annual Maintenance is calculated as 15% of software purchase price

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Return this Completed Form to: **Data Oriented Systems, Inc.**

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