



Form Filler Plus Order Form

Please complete and send to EZClaim at fax number (248) 651-9273
You may also phone us at 877-650-0904

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Computer Software is Non-Returnable

(Prices subject to change without notice)

Qty	Modules	Price Each	Amount
	EZClaim Form Filler Plus	\$145.00	
Shipping and Handling			+ \$10.95
Michigan Residents Please Add 6% Sales Tax			

Select One Support Option

<input type="checkbox"/> Self Help Support or \$55.00 Per-Call	<input type="checkbox"/> 3 Months Program Support \$95.00	
Total Amount Paid:		

Card Type: [] Visa [] MasterCard [] American Express [] Discover

Card Number: _____

Expiration Date: _____

Name on the card: _____

Signature: _____

Billing address if _____

different than above: _____

- or -

Send a check made payable to **EZClaim** and mail to:
337 S. Main Street Ste. 200
Rochester, MI 48307
Fax a purchase order to (248) 651-9273