ORDER & SALES RECEIPT QUICKBOOKS & QUICKEN CHECKS								
Client Name:								
CARLOS R. ROMAN CPA PA								
226 S. Ridgewood Dr., Sebring, FL 33870-3339								
Tel 863-314-1515, Fax 314-9906; email: info@cromancpa.com								
ORDER DATE:					PROMISED DATE:			
	CHOOSE O	NE COLOR		Pr	ices are subjec	ct to change with	out notice.	
PRODUCT	BLUE GREEN PRISMATIC	REFLEX BLUE DIAMOND	PERSONAL 3 PER SHEET	QTY	BONUS CHECKS	PRICE	TOTAL	
BUSINESS			XXXXXXX	1000	100	\$ 108.00		
BUSINESS			XXXXXXX	500	0	\$ 59.00		
BUSINESS			XXXXXXX	250	0	\$ 34.00		
PERSONAL	XXXXXXXX	XXXXXXX		1000	0	\$ 80.00		
PERSONAL	XXXXXXXX	XXXXXXXX		500	0	\$ 55.00		
	XXXXXXXX			250	0	\$ 35.00		
OTHER FEES								
LOGO - FO	RMAT REA	DY ON DIS	SK OR EMA	IL		\$ 35.00		
LOGO - RE		T	HOUR MIN			T		
WATERMA		7				\$ 35.00		
SHIPPING								
SUBTOTAL								
SALES TAX 7%								
THANK YOU FOR YOUR ORDER T					TOTAL	ORDER		
\$\$ NONRECURRING CLIENT 100% DEPOSIT REQUIRED \$\$								
CLIENT INFORMATION TO APPEAR ON CHECK								
OBTAIN COPY OR FAX COPY OF VOIDED CHECK								
NAME LINE 1:								
NAME LINE 2:								
ADDRESS LINE 1:								
ADDRESS LINE 2:								
CITY, STATE, ZIP:								
HOME OR BUSINESS PHONE: FIRST CHECK NUMBER:								
LOGO DESCRIPTION:								
CLIENT A					PICK UP			
OTHER CLIENT INFO								
FAX #:								
EMAIL:								
PAYMENT	METHOD:	CASH		CHECK	# VIS	A/MC	EXPIRE MM/YY	
REFERRA	L NAMF				"			
TAKEN BY INPUT BY CHECKED BY								
REMARKS	:				-			

CHECKS PRICING AND COST.xls ORDER & RECEIPT FORM 4/29/2009