

Upgrade Quote/Order Form

HME/SQL Client

Company:
 Attn:
 Phone:
 Fax:
 Email:
 Issue Date:

QUOTE VALID FOR 30 DAYS

Sales Person: _____

<u>Hardware:</u>				
<u>Qty</u>	<u>Description</u>	<u>Price</u>	<u>Ext. Price</u>	
<u>Software:</u>				
<u>Qty</u>	<u>Description</u>	<u>Price</u>	<u>Ext. Price</u>	<u>Add'l Support</u>
1	Fastrack EDI Module	N/C	N/C	N/C
TOTAL COST				
Software Version: _____			New Workstation: Y <input type="checkbox"/> or N <input type="checkbox"/>	

Authorized by: _____ Company Name: _____ Address: _____	Subtotal: _____ NY Sales Tax: _____ Total: _____
<input type="checkbox"/> Purchase Order # _____ <input type="checkbox"/> Ship COD (Hardware orders require 25% deposit) <input type="checkbox"/> Credit Card Authorization Enclosed	Send to: FASTRACK Healthcare Systems, Inc. 255 Executive Drive, Suite 210 Plainview, NY 11803 516-349-9136 or Fax: 516-349-0342

* Prices do not include cables, freight, taxes, on-site installation, travel and any other out-of-pocket expenses, unless specified.
 ** Indicates third party product support/training is available from vendor.

Note: Fastrack (SELLER) is supplying an EDI module to BUYER for free, and in exchange BUYER, as indicated by signing this agreement, agrees to allow SELLER access to their purchasing data for analysis purposes only. Under no circumstances will patient information be collected. No data will be provided to any third party referencing BUYER in anyway without the permission of the BUYER. If at anytime BUYER elects to terminate Fastrack's access to this purchasing data, then BUYER will immediately cease using the EDI module or purchase the module for \$4,995.

_____ Management Approval _____ Credit Approval	Distribute to: _____ (Sales Rep.) _____ _____
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