

## KTL SOLUTIONS PRODUCT ORDER FORM

Please forward all orders and/or questions to Kimberly Lally at klally@solutions.com or fax to 301.360.9743.

Reseller Name:		End User Name:				
Reseller Address:		End User Address:				
City, State, Zip:		City, State, Zip:				
Reseller Contact:		End User Contact:				
Reseller Phone:		End User Phone:				
Reseller Email:		End user Email:				
End User MS Account Nur			t Number:			
		End User G	P Version:			
KTL Add-On Products						
Crystal Converter		SOP/POP Advanced Distribution				
Fast AP		Paystub Viewer			PR Security	
SafePay		KTL Scheduler			Jobs Manager	
SQAI		FlexQualifier			MultiCloser	
20% Enhancement added to all GP Add-On Products						
Credit Card Information						
MasterCard		Visa			American Express	
Card			d Number:			
Card Holder Name:		CSV:		Exp. Dat	te:	