

# BenefitsMatrix Order

Distributed by:  
 Salesmatrix USA: Ph 704 966 6622

**Company Name:**   
**Contact:**   
**Phone:**   
**Fax:**   
**Email:**   
**Address:**

**Date:**                    /        /

Qty	Description	RRP (USD)	Price
	BenefitsMatrix Single User	2000	
	BenefitsMatrix Additional User	1200	
	Team License (10 Users)	8000	
	Script Writing	500	
		<b>Total</b>	

**Benefits Data System/Provider:** \_\_\_\_\_

**COMMENTS:**

## PAYMENT

**Total Payment:** .....

Credit Card Details:

MASTERCARD         VISA         AMEX

Card Number.:

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**Payment Method:**                    **Check Enclosed**

**Credit Card**

Card Holder Name: .....                    Expiry Date:...../.....

Card Holder Signature: .....                    Date:.....