

FAF ORDER FORM

You may order FAF products by:

1. Email: complete this form and email to anaanguiano@all4kids.org
2. Fax: print, complete and fax form to Ana Anguiano at 1-213-342-0200
3. Mail: print, complete and mail form to Ana Anguiano at the address at the end of this form.

1. CUSTOMER REGISTRATION AND CONTACT INFORMATION

Company Name: _____

Street Address: _____

City: _____ St./Prov.: _____ Zip: _____

Country: _____

Company Phone: _____ Fax: _____ Email: _____

Mailing Address (if different): _____

City: _____ ST./Prov.: _____ Zip: _____

Country: _____

Contact Person: _____

Contact Phone: (1) _____ (2) _____

Contact Fax: _____ Email: _____

How did you hear about our software :

IF YOU HAVE QUESTIONS, PLEASE CALL 1-888-357-9135, or 1-213-342-0100 Ext. 0 AND ASK FOR ANA.

FAF ORDER FORM

II. PRODUCT ORDER INFORMATION

1. What would you like to purchase?	Quantity:	Total:
<input type="checkbox"/> FAF Pro (initial)	_____ x\$699 =	_____
<input type="checkbox"/> FAF Pro (second site)	_____ x\$249 =	_____
<input type="checkbox"/> FAF Pro Export Upgrade	_____ x\$249 =	_____
<input type="checkbox"/> FAF Pro Create a Factor Feature	_____ x\$249 =	_____
<input type="checkbox"/> FAF Pro Factor Exchange Plugin	_____ x\$100 =	_____
<input type="checkbox"/> FAF Express (initial)	_____ x\$399 =	_____
<input type="checkbox"/> FAF Express (second site)	_____ x\$249 =	_____
<input type="checkbox"/> Upgrade from Express to Pro	_____ x\$300 =	_____
<input type="checkbox"/> Assessments (increments of 50) for FAF Pro	_____ x\$4 =	_____
for FAF Express	_____ x\$3 =	_____
<input type="checkbox"/> Training	_____ =	_____
	Sub-Total	_____
	California Sales Tax @ 9.75% =	_____
	Shipping and Handling @ \$7.95 =	_____
(Shipping and handling not required for assessments and upgrades)		
	TOTAL =	_____

2. What Product Type do you currently have:
 FAF Pro Trial FAF Express Trial FAF Pro FAF Express

3. What is your 5 character Database Serial Number (if using non-trail version): _____
(To locate database serial number, open the FAF, go to Help, About.)

III. PAYMENT METHOD

How would you like to pay?

Check Please make check payable to: Children's Bureau
Send to: Ana Anguiano
Children's Bureau
1910 Magnolia Ave
Los Angeles, CA. 90007

Credit Card Type of Card: VISA MASTERCARD

Number on Card: _____

Expiration Date on Card: _____

Security Code on the back of the card: _____

Name on Card: _____

Signature: _____

Once payment has been approved, your order will be processed. THANK YOU FOR OUR ORDER!

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