

Stratford Software, Inc. - Practice Name/Address Change

ACCOUNT#: _____ (REQUIRED)

Full Name and address of Practice for license. Appears on statements, insurance forms and reports.
PLEASE PRINT. We must charge for changes if not clearly printed; see below.

Name _____

Street Address _____

City State Zip _____

Phone Number _____

Email address to send the licensed files to _____

I verify that all the information is accurate. I understand that I must pay \$35.00 for changes.

Pay by: (Circle One) Visa/MasterCard/Amex/Discover

Name on card: _____

Card Number: _ _ _ _ _ _ _ _ _ _

Card Expiration: _ _ / _ _ 3 or 4 digit security code _____

Authorized Signature: _____ Date: _____

We need the information above to process your order for a unlimited account. Please include full payment with your order. Allow 2 working days to fill your order.

Stratford Software Inc
support@stratfordsoftware.com