

Stratford Software, Inc. - Practice Registration Check List

1. Full Name and address of Practice for license. Appears on statements, insurance forms and reports.
(Max 25 characters/line) Note: the new CMS form only allows 3 lines for the name and address).
PLEASE PRINT. We must charge for changes if not clearly printed; see below.

Name _____

Street Address _____

City State Zip _____

Phone Number _____

2. Specialty _____

3. Do you want to track the productivity of individual physicians? **YES NO**

4. Do you want to post transactions **OPEN ITEM** or **BALANCE FORWARD**? (Circle one – open item recommended)
(You may post open item on selected account types and balance forward on others)

5. Do you have a least 1 GB of free space on your hard drive? **YES NO**

6. What version of WINDOWS is on your computer? _____ (must be win2000 or later)

7. Forms to be ordered: **statements insurance report paper envelopes: FAX IN ORDER FORM**

8. Name of contact person and office hours (days, hours) _____

I verify that the information in question #1 is accurate. I understand that I must pay \$35.00 for changes to item #1.

Pay by: (Circle One) Visa/MasterCard/Amex/Discover / Paypal: paypal@stratfordsoftware.com

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 non-limited account. Please include full payment with your order. Allow 2 working days to fill your order.

WE GIVE PRIORITY to paypal and faxed credit card orders

Mail to:

Stratford Software, Inc.
2700 Las Vegas Blvd South Unit 2603
Las Vegas, NV 89109

Fax to:

206.984.3846 * * **PRIORITY** * *