



One-Time Payment Form

Sarotech Software

Please complete all fields.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Company Name	_____		
Cardholder Name (as shown on card):	_____		
Card Number:	_____		
Expiration Date (mm/yy):	_____	CVVS Number:	_____
Cardholder Postal Code (from credit card billing address):	_____		

Circle the Application you would like to Purchase

RDS for Windows Version 4.00 - \$395.00

TSC for Windows Version 4.00 - \$345.00

Fast Label version 3 - \$295.00

Sarotech Police Report - \$695.00

I, \_\_\_\_\_, authorize Systems Sarotech Inc. to charge my credit card above for agreed upon amount of \$ \_\_\_\_\_ cad. + applicable taxes & shipping costs.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date