

BRENTMARK SOFTWARE ORDER FORM

Mail: (Checks payable to:) Brentmark Software, Inc., 415 Gallatin Cir, Irmo, SC 29063-8066
Phone orders: 1-800-879-6665

Please send me the following products checked below. I've included payment, applicable sales tax, and shipping/handling charges. I understand that I have an **UNCONDITIONAL 60-Day Money Back Guarantee** for all software (not including shipping charges), except customized versions. Software products require current desktop versions of Windows.

ORDER ITEMS

ESTATE PLANNING

- | | |
|---|-------------|
| <input type="checkbox"/> Estate Planning Tools* (annual maintenance \$179) | \$595 _____ |
| <input type="checkbox"/> Kugler Estate Analyzer™* (annual maintenance \$229) | \$695 _____ |
| <input type="checkbox"/> Charitable Financial Planner* (annual maintenance \$149) | \$495 _____ |
| <input type="checkbox"/> Estate Planning QuickView* (annual maintenance \$99) | \$349 _____ |

FINANCIAL PLANNING

- | | |
|--|-------------|
| <input type="checkbox"/> PFP Notebook™* (annual maintenance \$199) | \$595 _____ |
| <input type="checkbox"/> Savings Bond Toolkit* (annual maintenance \$69) | \$99 _____ |

RETIREMENT PLANNING

- | | |
|--|-------------|
| <input type="checkbox"/> Retirement Plan Analyzer* (annual maintenance \$179) | \$595 _____ |
| <input type="checkbox"/> Retirement Distributions Planner* (annual maintenance \$79) | \$249 _____ |
| <input type="checkbox"/> Income Strategy Generator™ | \$299 _____ |

*includes first 6 months of maintenance

Quantity Licensing - Please call for details.

Shipping & Handling Charges:

\$15 per order for UPS Ground or \$30 for 2nd Day Air.
 For overnight delivery call 1-800-879-6665.

Sales Tax: Payable by FL and SC residents only.
 Based on tax rate of county where items delivered
 (6 to 8% of subtotal).

Total from Checked Boxes Above	_____
Shipping & Handling Charge	_____
Subtotal	_____
Florida or South Carolina Sales Tax	_____
Grand Total	\$ _____

Brentmark

S O F T W A R E

415 Gallatin Cir
 Irmo, SC 29063-8066
 1-800-879-6665

Name _____	
Company _____	
Address _____	
City _____	State _____ Zip + 4 _____
Phone () _____	Fax () _____ E-mail _____
Charge to: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card # _____	Expires _____
Name on Card _____	Card Billing Address Zip _____
CVV/CVC # _____	Signature _____