

ACAP™ ORDER FORM

Purchase Order #: _____

Agency Name: _____

Address: _____

City, State Zip: _____

Phone: _____ FAX: _____

Contact Person: _____

Agency Code: _____ Program Number(s): _____

Hardware: Operating System: _____

Networking: No: _____ Yes (system used): _____

Software Order SelectionAnnual Maintenance (15% per year)ACAP _____ **\$2490.00**_____ **\$373.50****Additional Optional Modules***Consumer Mix Analyzer* _____ **\$495.00**_____ **\$74.25***Vocational Status Module* _____ **\$495.00**_____ **\$74.25***Worksheet ISP Module* _____ **\$595.00**_____ **\$89.25***Res. Hab. Plan Module* _____ **\$795.00**_____ **\$119.25**

Authorized Signature: _____

Date: _____

Print Name and Title: _____

Return this Completed Form to: **Data Oriented Systems, Inc.**654 Central Avenue
Albany, NY 12206-1922
518-489-6785

FAX: 518-489-7654

Web Site: www.DataOriented.com