

Client Base Order Form

Independent Contractors for Travel Planners International

Mail Form to:
Attn: Accounting - TRAMS, Inc.
5777 W. Century Blvd. Suite 1200
Los Angeles, CA 90045
OR FAX TO: 203 413 6429

For any questions contact:
TERESA GIACALONE
Phone: 860 644 1410
Fax: 203 413 6429
teresa.giacalone@trams.com

Getting started with Client Base! Please complete this form. To get up and running, please fax this completed form to 203 413 6429 (please be sure to include either a copy of a cancelled check for automatic monthly payments or credit card information). Upon receipt, your order will be processed and our implementation team will contact you within 48 hours.

The monthly cost is \$55 or \$600 annually. Our annual subscription plan bundles software updates, help, training, and communication into one comprehensive package. A subscription also helps you with frequent enhancements and eliminates the need for you to buy new versions of the software each year. The subscription renewal is for 12 months, and includes:

- New upgrades to ClientBase
- Phone, fax, and e-mail support
- Maintenance updates
- Accesses to support information via website
- Documentation (via electronic or printed format)
- Newsletters and other communications
- Unlimited innovative training
- Flexible per user pricing, add agents as you grow

Name: _____ **Agency Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Shipping Address (if different, No PO Boxes) _____

Phone: _(____)_____- _____ **Alternate Phone:** _(____)_____- _____

Email: _____ **Fax:** _(____)_____- _____

Applicable state and local taxes will be charged

BANK DRAFT (EFT) : When you choose this method. TRAMS automatically withdraws \$55 per month from your designated checking account.

CHECK ENCLOSED: Make payable to TRAMS, Inc. Amount \$600

CREDIT CARD: When you choose this method. TRAMS automatically withdraws \$55 per month from your designated credit card account.

Please charge my: American Express Card _____ Diners Club _____ Master Card _____ Visa _____

Card Holder: _____ **Signature:** _____

Account # _____ **Expiration Date: Mo/ Yr:** _____ / _____

When the license agreement is accepted during the software installation, it is understood and agreed that the above payment terms apply.

Signature: _____ **Date Signed:** _____