

U.S. Quote / Order Form**Quote #: 55328****1. REGISTRATION**

Name	Mark Freeman	Company	City of Columbus / Dept of Public Service
Tel	614-724-1521	Address	109 North Front Street
Fax		City/St/Zip	Columbus OH 43215-9024
Email	MAFreeman@columbus.gov	Country	U.S.

2. PRODUCT(S)

Product	License#	Version	Type	Net Type	Map Expiry	Users	Price	Balance
<input type="checkbox"/> AutoTURN Pro 3D MAP MAP renewal for AutoTURN PRO 3D 8.1 - 2 user single site Network license.	31304	Renewal	Network	LAN	12/31/2013	2	\$1,470.00	\$1,470.00

Pricing Valid 11/30/2012

- Automatic Maintenance Assurance Program Renewal Plan**
 Our Maintenance Assurance Program (MAP) is renewable each year.
 I agree to participate in the MAP Renewal Plan and I agree to purchase such MAP Renewal Plan on a yearly basis. I authorize Transoft Solutions Inc. to invoice me yearly for the MAP Renewal Plan.
 I understand that this will be an annual recurring purchase and I do not need to submit a purchase order.
 I may cancel this request by contacting Transoft Solutions Inc. at 604-244-8387 or emailing sales@transoftsolutions.com a minimum of 60 days prior to the MAP expiration date.

3. DISCLAIMER (must be signed with every software order)

The following disclaimer MUST be read and signed by the Purchaser before any software can be shipped. Signing indicates acceptance of the terms of the disclaimer. The signed disclaimer must accompany your order. Transoft Solutions Inc. and its affiliated companies, directors, employees and contractors (its "Representatives") shall incur no liability, loss or damage caused or alleged to be caused directly or indirectly by the above software program (the "Software") and related program materials being purchased, including, but not limited to, any interruption of service, loss of business or anticipated profits, or consequential damages resulting from the use or operation of the software or from any use of output produced by the Software. Any liability of Transoft Solutions Inc. and its Representatives is limited exclusively to product replacement of the Software and accompanying materials.

Print full name _____ Signature _____ Date _____

Complete Next Page for Payment and Shipping Information

If paying via check, please fax a signed copy of the order form to 604-244-1770 or email it to sales@transoftsolutions.com

4. PAYMENT OPTIONS VISA MasterCard

(Transoft Solutions does not accept AMEX)

card # _____

expiry # _____

name _____

signature _____

security code _____ (on back of credit card)

Purchase Order

purchase order number

Check (payable to)

Transoft Solutions Inc.
Suite 250
13575 Commerce Parkway
Richmond, BC
Canada
V6V 2L1

**A copy of the PO referenced
above must be faxed with this
form to 604.244.1770 or email
to
sales@transoftsolutions.com**

Federal Tax ID # (required for US orders)

5. SHIP TO same as register to (Page 1) shipping address to be used is attached (PO) see below

Contact _____ Address _____

Tel _____ City/State/Zip _____

Fax _____ Email _____

5. BILL TO same as register to (Page 1) shipping address to be used is attached (PO) see below

Contact _____ Address _____

Tel _____ City/State/Zip _____

Fax _____ Email _____

Internal Use only

Move Licenses: From Client # _____ To Client # _____

Combine Licenses: Valid License # _____ Invalidate License #(s) _____ Sent to IT _____

Universal MAP Date: _____

Shipping Requirements: Full Package CD Only Whalemail No product shipment required

Addition Shipping / Billing instructions:

Order Processed by: _____ Order Processing date: _____ Verified by: _____

License #(s) _____ **Invoice #** _____ **UPS # 1ZA6W91066** _____