

First & Last Name _____
Company Name: _____
Address: _____
Email: _____
Phone: _____

Offer Includes:

- 6 Planning Assist licenses (unique email addresses)
- Services (11 hours)
- First year support (\$635 is second year support)
- *Hardware and technician travel expenses are the responsibility of the customer

IWF Only Offer (-\$1,270) Final \$8,165

Acceptance of Offer:

X _____

Signature & Title

Date _____

Acceptance

IWF Deposit:

Providing credit card information equates to giving RSA Solutions, Inc. the ability to process your card in the amount of \$500.

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

After IWF, RSA Solutions, Inc will send an invoice reflecting the \$500 deposit and balance due. Invoice will include payment options including electronic check, ACH or wire.