



One-Time Payment Form

Sarotech Software
Please complete all fields.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Company Name	_____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV Number: _____
Cardholder Postal Code (from credit card billing address):	_____

Circle the Application you would like to Purchase

RDS for Windows Version 4.00 - \$445.00

TSC for Windows Version 4.00 - \$395.00

Fast Label version 3 - \$450.00

Inventory Labeling Version 2

Single User \$650.00 Multi User \$950.00

Payroll Deductions 2023 - \$149.00

Gold Purchase Police Report - \$695.00

Yearly Update 2023 \$108.00

I, _____, authorize Systems Sarotech Inc. to charge my credit card above for agreed upon amount of \$ _____ cad. + applicable taxes & shipping costs.

Customer Signature

Date