



eFORMz Catalog





Recapture the possibilities with eFORMz.

Create and innovate with ease.

eFORMz is a new generation of forms automation software. There is no need to learn a proprietary design tool or programming language. With eFORMz you can design your own forms with the publishing tools you're familiar with.

eFORMz can replace any pre-printed form. Use eFORMz to produce packing lists, invoices, purchase orders, checks, barcodes, shipping labels, gift certificates and much more!

Use the eFORMz conditional logic language to create forms that go beyond what your current business software suite offers.

eFORMz offers powerful new customer relationship management (CRM) functionality for automated emailing of order acknowledgments, shipping notifications, back order notification, customer surveys and special offers, all in full-color HTML, or secure PDF formats. Maintain your corporate brand and image with consistent client communications that are professional and brand-centric.

The eFORMz Print Manager fully automates the printing process giving users the ability to manage when and how forms are printed, saving ink, toner and paper.

eFORMz is written in Java and therefore platform independent, with versions available for Windows, Linux, AIX, iSeries/AS400, MPE, HP-UX, OpenVMS and Solaris.

Here's what our customers have to say about eFORMz.

"We own multiple catalogs, each having a different logo. We would have had 44 different label stocks if we used pre-printed forms. We now have two plain white label stocks."

*Dan Buckland
Hickory Farms*

"We originally pursued eFORMz solely for its ability to print to PDF documents from Ecometry. We quickly found we could also print our packing lists. It has cut our packing list cost by 70% - after factoring the cost of the software."

*Jim Meyer
Shindigz*

"We use eFORMz for pick and packing lists, BOL, manifests, invoices, checks and order confirmations. We have eliminated all pre-printed forms and now email purchase orders in secure PDF format, saving time and postage expense. We love how easy eFORMz is to use and the support is incredible."

*Betty Rahe, Director of Information Systems
American Marazzi Tile*





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Product Comparison

FEATURE COMPARISON	Preprinted Forms	LaserJet Forms	eFORMz	INDUSTRY APPLICATIONS INCLUDE:
Professionally designed forms customized with company logos, signatures, etc.	☆	☆	☆	
No custom training required	☆	☆	☆	RETAILING
No modifications to application data necessary	☆	☆	☆	RED PRAIRIE MANHATTAN ASSOCIATES
Templates guaranteed to precisely match output data	☆	☆	☆	MICROSOFT DYNAMICS AX / NAV / GP
No need to store forms		☆	☆	MANUFACTURING
Barcode support 1D, 2D, QR		☆	☆	QAD INFOR
Database lookup from multiple database types, such as: Oracle, SQL, MYSQL, Image, Eloquence, Sybase, DB2, MS Access, Progress, Informix			☆	MICROSOFT DYNAMICS AX / NAV / GP
Ability to add seasonable and custom messages			☆	FINANCIAL SERVICES
Supported on multiple platforms Windows, Unix, HP/UX, Linux, iSeries/AS400, MPE/iX and Solaris			☆	FISERV
Automated batch processing			☆	HEALTH CARE MCKESSON
Form fill-in feature for electronic forms			☆	DST HEALTH
Data manipulation - Customize your data output			☆	PUBLIC SECTOR HARRIS COMPUTER
Color LaserJet support			☆	DATASTREAM STW
Route documents to networked printers, mail servers, and fax servers simultaneously			☆	
Supports output types such as PDF, PCL, XML, TXT, HTML, and Zebra XML			☆	Free, no obligation eFORMz evaluations are available at www.minisoft.com .



MEDICAL CENTER 123 MAIN STREET SEATTLE, WA 98000										2										3 PATIENT CONTROL NO. 123456789 10										4 TYPE OF BILL 11					
5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM THROUGH										7 COV D.		8 N-C.D.		9 C-I.D.		10 L-R.D.		11							
12 PATIENT NAME SMITH SALLEY A										13 PATIENT ADDRESS BRINGHURST RD. SEATTLE, WA 98000																									
14 BIRTHDATE 08021976		15 SEX F		16 MS S		17 DATE 061500		18 HR		19 TYPE		20 SRC		21 D HR		22 STAT		23 MEDICAL RECORD NO.		24		25		26		27		28		29		30		31	
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE		36 OCCURRENCE DATE			
38 INSURANCE COMPANY NAME STREET ADDRESS CITY, STATE ZIP										39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT															
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																					
1		101 ACCOMMODATION ROOM & B		560.00				2		1120 00																									
2		250 PHARMACY						5		41 15																									
3		258 IV SOLUTIONS						1		38 00																									
4		270 MEDICAL/SURGICAL SUPP						4		41 20																									
5		272 STERILE SUPPLY						3		96 55																									
6		300 LABORATORY						5		99 50																									
18		001 TOTAL CHARGES								1436 40																									
50 PAYER INSURANCE COMPANY										51 PROVIDER NO. 12345										52 REL INFO Y		53 ASG BEN Y		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56							
57 DUE FROM PATIENT																																			
58 INSURED'S NAME SMITH SALLEY A										59 P.REL. 01		60 CERT. - SSN - HIC. - ID NO. 123456789										61 GROUP NAME		62 INSURANCE GROUP NO. 987654321											
63 TREATMENT AUTHORIZATION CODES				64 ESC 1		65 EMPLOYER NAME MINISOFT				66 EMPLOYER LOCATION 1024 FIRST STREET SNOHOMISH, WA 98290																									
67 PRIN. DIAG. CD. 12358		68 CODE 7854		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE 987456		75 CODE		76 ADM. DIAG. CD. 39		77 E-CODE		78													
79 P.C. 80		PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID		83 OTHER PHYS. ID		84 REMARKS		85 PROVIDER REPRESENTATIVE X TOM JONES		86 DATE 060600													



Remove tab to expose adhesive

Remove tab to expose adhesive

EXTENDER

STEP ONE PRINT <small>Print sheet on laser or inkjet printer.</small>	STEP TWO SEPARATE <small>Push down at turn sheet over and separate band from sheet.</small>	STEP THREE FOLD <small>Fold laminate over imaged area and seal edges.</small>	STEP FOUR SECURE <small>Use extender if needed and thread end of band through slot to secure.</small>
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SECURITY SEAL ON BACK

PATIENT, JOHN 10-03-1981 24Y M 05/18/2010 4433221177 DR. JOHNSON 87654321	PATIENT, JOHN 10-03-1981 24Y M 05/18/2010 4433221177 DR. JOHNSON 87654321	PATIENT, JOHN 10-03-1981 24Y M 05/18/2010 4433221177 DR. JOHNSON 87654321	PATIENT, JOHN 10-03-1981 24Y M 05/18/2010 4433221177 DR. JOHNSON 87654321
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PATIENT, JOHN

10-03-1981 24Y M
 05/18/2010
 DR. JOHNSON
 4433221177

87654321

HEALTH CARE

▲ **SAMPLE WRIST BAND / LABELS**

▲ **UB04 (Universal Billing)**

Create industry standard forms such as the UB04 (Universal Billing), wrist band, or card notification labels using eFORMz.



eFORMz FACT

Rotate barcodes 90, 180, or 270 degrees effortlessly!



Minisoft, Inc.
1024 First Street
Snohomish, WA 98290

Dental Insurance

Sally Smith
245 13th Street
Snohomish, WA 98290

The Information Below Is For In Office Use Only
Y N C P Q 2 2567 10*01#2008

Welcome to the Preferred Plan!

Please review the information on your new ID cards and notify us if any corrections are needed. Then carefully remove the ID card(s) and remember to present it at your next dental office visit.

Presenting your ID card when you receive dental care will ensure that your claims are paid quickly and accurately.

We encourage you to seek treatment from a participating dentist. To access our list of participating dentists, please visit our website at dentalinsurance.com and click the "Find Dentist" icon and select the "Preferred" network option. You may use this online search tool to find general dentist or specialist near your home, work or school.


Please Carefully Peel Out Your ID Cards(s) Below

Dental Insurance

Minisoft, Inc.	Group Number: R3453
Member: ****6424	Plan Number: 974

Dental: 100/50/50-\$700

Sally Smith
Tom Smith
Jane Smith



Dental Insurance

Minisoft, Inc.	Group Number: R3453
Member: ****6424	Plan Number: 974

Dental: 100/50/50-\$700

Sally Smith
Tom Smith
Jane Smith



▲ SAMPLE INSURANCE CARDS



▲ **IDENTIFICATION CARDS**
Create custom ID cards with custom barcodes.

EDUCATION



eFORMz FACTS

- ◆ Using eFORMz create a database lookup to gather more information.
- ◆ Organize and archive your documents by saving them as secure PDF files.



DATE: 06/25/10

FORM - ID: 03940593

DISTRICT: SNOHOMISH SCHOOL DISTRICT #1

SCHOOL: SNOHOMISH HIGH SCHOOL

TEACHER: TIM PETERSON

COURSE: 011839-49 BEGINNING PHOTOGRAPH

<input checked="" type="checkbox"/>	0	0	0	<input checked="" type="checkbox"/>	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	<input checked="" type="checkbox"/>	3	3	3	3	3	<input checked="" type="checkbox"/>
4	DO	4	NOT	4	WRITE	4	IN
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	<input checked="" type="checkbox"/>	9	9	9	<input checked="" type="checkbox"/>	9

PERIOD: 01

TEACHER'S SIGNATURE _____

STUDENT NUMBER AND NAME	ABSENCES					TARDY				
	M	T	W	TH	F	M	T	W	TH	F
1 32049583 TIM BLACK	A	A	A	A	A	T	T	T	T	T
2 29394920 COLIN CANTRELL	A	A	A	A	A	T	T	T	T	T
3 40204050 JANE GARCIA	A	A	A	A	A	T	T	T	T	T
4 40204049 EMILY JOHNSTON	A	A	A	A	A	T	T	T	T	T
5 20394959 BOB JONES	A	A	A	A	A	T	T	T	T	T
6 09492849 DON PERSON	A	A	A	A	A	T	T	T	T	T
7 11209492 JESSE PETERSON	A	A	A	A	A	T	T	T	T	T
8 10395543 JENNIFER SMITH	A	A	A	A	A	T	T	T	T	T
9 60596996 SARA WHITE	A	A	A	A	A	T	T	T	T	T
10 78549590 STEVE WILSON	A	A	A	A	A	T	T	T	T	T
11	A	A	A	A	A	T	T	T	T	T
12	A	A	A	A	A	T	T	T	T	T
13	A	A	A	A	A	T	T	T	T	T
14	A	A	A	A	A	T	T	T	T	T
15	A	A	A	A	A	T	T	T	T	T
16	A	A	A	A	A	T	T	T	T	T
17	A	A	A	A	A	T	T	T	T	T
18	A	A	A	A	A	T	T	T	T	T
19	A	A	A	A	A	T	T	T	T	T
20	A	A	A	A	A	T	T	T	T	T
21	A	A	A	A	A	T	T	T	T	T
22	A	A	A	A	A	T	T	T	T	T
23	A	A	A	A	A	T	T	T	T	T
24	A	A	A	A	A	T	T	T	T	T
25	A	A	A	A	A	T	T	T	T	T
26	A	A	A	A	A	T	T	T	T	T
27	A	A	A	A	A	T	T	T	T	T
28	A	A	A	A	A	T	T	T	T	T
29	A	A	A	A	A	T	T	T	T	T
30	A	A	A	A	A	T	T	T	T	T
31	A	A	A	A	A	T	T	T	T	T
32	A	A	A	A	A	T	T	T	T	T
33	A	A	A	A	A	T	T	T	T	T
34	A	A	A	A	A	T	T	T	T	T
35	A	A	A	A	A	T	T	T	T	T
36	A	A	A	A	A	T	T	T	T	T
37	A	A	A	A	A	T	T	T	T	T
38	A	A	A	A	A	T	T	T	T	T
39	A	A	A	A	A	T	T	T	T	T
40	A	A	A	A	A	T	T	T	T	T
41	A	A	A	A	A	T	T	T	T	T

▲ CLASS ATTENDANCE



SNOHOMISH SCHOOL DISTRICT

Grade Report Card

07/15/2010

PAGE: 1

TO THE PARENTS OR GUARDIAN OF:

CARSON, DREW M
1024 FIRST STREET
SNOHOMISH WA, 98290

COMP #: 123407958697
BIRTH: 08/11/1996
PHONE: (360) 123-4567
GRADE: 09
PARENT: CARSON, MARTHA

123456789

COURSE NO.	DESCRIPTION	TEACHER	QTR	IPR 1	IPR 2	IPR 3	FXM	QTR GRD	CR	ABS	YR. AVG.
12345	TEAM SPORTS	PERSON DON	4	86	94	68	85	85	.50	1	N/A
67890	INDIVIDUAL SPTS	ANDE JOHN	2	80	82	78	82	81	.50		
19203	TEAM SPORTS	BLACK TIM	3	90	92	98	96	94	.50	1	94
94002	HLTSCITECH	GARCIA JANE	1	51	64	62		59			
29348	ENG IB	WILL STEVE	2	85	95	99	100	95	.50		
39548	W HIST A	BRING TONY	3	94	92	90	90	92	.50	1	N/A
19385	W HIST B	CANT COLIN	4	84	84	89	93	88	.50		90
10000	ART IIA	SMITH JENN	1	97	67	81	95	85	.50		N/A
27980	ENG IIB	JOHN EMILY	2	70	78	75	87	78	.50	1	71
88903	GEOM A	JONES BOB	3	77	83	70	64	74	.50	1	N/A
93849	GEOM B	WHITE SARA	4	70	65	68	73	69	.50	1	72
67843	ENGIIA	JEFFE KATIE	1	72	58	66	60	64	.50		N/A
83746	CHEMISTRY A	BROW ROB	3	85	80	80	60	76	.50	1	N/A
28374	CHEMISTRY B	TOMS JOE	4	89	60	80	63	73	.50		75
10329	SPANISH IIA	PETER JESSE	1	71	69	41	54	59			N/A
04928	SPANISH IIB	EDWAR LINDA	2	61	64	33	46	51		1	55

REMINDER: Please be aware that ABSOLUTELY NO Credit Petitions for 2009-2010 will be accepted after June 16, 2010

Parent's Signature

REPORT CARD ▲



TAX STATEMENT

REAL PROPERTY

ACCOUNT NUMBER

123456-345-5678

LEGAL DESCRIPTION:

NCB 2075 BLK 1 LOT N
62.85 OF E 33.72 FT OF 25 &
N 62.85 FT OF 26 OR 26A & 26B

OWNER:

TOM SMITH
123 MAIN STREET
SEATTLE, WA 98000

ACREAGE:

LOCATION:

01/03/2010

SEATTLE

MARKET VALUE		CAP VALUE	HOMESTEAD VALUE	AGRI VALUE	NON-QUAL VALUE	ASSESSED VALUE
LAND	IMPR					
7,600	29,400	6,653	37,000			37,000

TAXING UNIT	ASSESSED VALUE	EXEMPTIONS				TAXABLE VALUE	TAX RATE	TAX	
		H/S	O/65	D.PERS	D.V.				
FLOOD	37,000	3,000	0	0	0	27,347	.0161000	4.40	
COMM COLLEGE	37,000	0	30,000	0	0	347	.1046000	0.36	
HOSPITAL DISTRICT	37,000	0	0	0	0	30,347	.2438690	74.01	
KING COUNTY	37,000	0	30,347	0	0	0	.3207560	0.00	
CITY / SEATTLE	37,000	0	30,347	0	0	0	.5785400	0.00	
ISD	37,000	15,000	10,000	0	0	5,347	1.7220000	92.08	
TOTAL TAXES THIS STATEMENT								\$170.85	
4-PAYMENT PLAN OPTION AMOUNT DUE		\$42.71							
DELINQUENT TAXES OF		\$164.49 AS OF DEC 31, 2001 ARE ALSO DUE AND ARE NOT INCLUDED IN THE AMOUNT DUE TOTALS BELOW.							

SEE IMPORTANT TAX INFORMATION ON BACK OF STATEMENT. THIS PORTION AND YOUR CANCELLED CHECK WILL SERVE AS A RECEIPT.

01/03/2010

2001 AMOUNT DUE IF PAID BY THE LAST DAY OF:

DEC	\$170.07
JAN	\$243.65
FEB	\$245.61
MAR	\$247.55

AMOUNT PAID:

MAKE CHECK PAYABLE TO:



TOM SMITH
123 MAIN STREET
SEATTLE, WA 98000






MINISOFT Prop Addr-> 000A 1 0000 1234 0 000
 00000000-1 SMITH 11/07/10 0000 TWN AMAP CMAP GP PAR SPL IN
 JONES 11/07/10 10:10
 CITY->01 DIST->00 WTR->

000A 1 0000 1234 0 000
 TWN AMAP CMAP GP PAR SPL IN
 CARD NO. 1 OF 1

CONSTRUCTION DETAIL		MARKET VALUE		DEPRECIATION		CORRELATION OF VALUE											
ELEMENT	CODE	CONSTRUCTION DETAIL	USE	MODEL	EFF. AREA	REPL. COST NEW	AYB/EYB	NORM/ECON/FUNCT	PCT COND	DEPRECIATED BUILDING VALUE	MARKET						
EXT. WALL	1	WOOD ON SHEAT OR P	91	04	384	149	67.05	25,747	92	0100	00	00	9900	25,490			
ROOF STRUCTURE	03	GABLE OR HIP	HOME OFFICE				- HOME CONST.				TOTAL DEPR. OB/XF VALUE						
ROOF COVER	03	ASPHALT OR COMPOSI	SCALE 1/120								TOTAL LAND VALUE MARKET	16,791,600					
INT. WALL	1	DRYWALL/SHEETROCK									TOTAL MARKET VALUE-CARD	16,817,090					
INT. FLOORING	1	SHEET VINYL									TOTAL APPRAISED VALUE-CARD	16,817,090					
HEATING FUEL	04	ELECTRIC									TOTAL APPRAISED VALUE-PARCEL	16,817,090					
HEATING TYPE	09	HEAT PUMP / GAS PACK									9 - 05 - 96 DELETE 6 HOUSES PU						
AIR COND TYPE	03	CENTRAL									7 NEW HSES #10						
R/RMS	3.0	ABOVE AVG 1.20									RC no \$ 10 123456						
OLD 4	NONE										PP L-1234						
CMMML H&A	02	WOOD FRAME									VALUE 2700 12-96 PE						
FRAME	01	SUSP CEILING INS									PP 11.06 ACRES PLAT 18-240						
CL-INS	01	01 ROOMS / FLOOR AVG									FOR 97 \$119000 - 7-97 PE						
RMS / FLR	NONE										26 APR 12-34-45-12345.567						
COM / WALL	STANDARD										PREPAYS Z/44 \$10,000 ACRE						
HEIGHT											PREPAYS Y/348 \$10,000 ACRE						
											08 APR 46 6- 7-00 12345.039						
											PREPAY ON FLORAS BLUFF Y/123						
											PHASE 01A UNIT 13						
AREA TYPE	GROSS AREA	PCT OF BASE	EFFECTIVE AREA	REPLACEMENT COST NEW	+-----12-----+ +-----24-----+		I B A S		I F G D		1		SALES DATA				
FGD	288	050	144	9,655	1		1		1		1		L OFF RECORD DATE TYPE O/U V/1				
BAS	240	100	240	16,092	1		1		1		1		N BOOK PAGE MO. YR. INST. 45				
					1		1		1		1		E 1 1234 3948 00 00 WD U V				
					1		1		1		1		INDICATED SALES PRICE				
					1		1		1		1		1				
					1		1		1		1		2				
					1		1		1		1		3				
					1		1		1		1		4				
					1		1		1		1		5				
					1		1		1		1		NOTES				
TOTAL	528		240	25,747	+-----12-----+								1 REL ON DIFF FOR 89				
LINE NO	DESCRIPTION	LENGTH	WIDTH	UNITS/AREA	UNIT PRICE	UC	GRA	YEAR ON	ANNUAL DEPR. RATE	PERCENT GOOD	OB/XF DEPR. VALUE	Size 299.98 A A	2 10A				
01												00 / 00 / 00	3 CARDS2, 3. 84 BEEN DETETED				
02												0535 - 0379	4 Ref Deed				
03													BUILDING DIMENSIONS				
04													1 FGD=W24BAS=W12S20E12N20S12E24N12S.				
05													2				
06													3				
07													4				
08													5				
09													6				
10													7				
													8				
													9				
TOTAL OB/XF VALUE																	
L	HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRONTAGE	DEPTH	DEPTH OR SIZE	D T	COND. FACTOR	OTHER ADJUST AND NOTES			LAND UNIT PRICE	TOTAL LAND UNITS	UNIT TYPE	TOTAL ADJUST	ADJUSTED UNIT PRICE	LAND VALUE
1	SFR OCEAN	0107	PD-2			100	0	040	SIZE / UND			140,000 . 00	299 . 85	AC	. 40	56,000 . 00	6791,600
2																	
3																	
4																	
5																	
6																	
TOTAL LAND DATA				PRINTED DATE: 12/1/10 AT 10:10PM								299 . 85			6791,600	3,116,820	

PUBLIC SECTOR

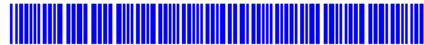
- ▲ SAMPLE PROPERTY ASSESSMENT
- ▲ COUNTY TAX STATEMENT



eFORMz FACT
 Organize and archive your documents by saving them as secure PDF files.



UTILITY BILL



To
Address: 
SALLEY A SMITH
123 MAIN STREET
SNOHOMISH WA 98290-3841

Account No: 23-4567.00
Amount Due: 4,586.68
Bill Date: 01/15/10

Credit Card: _____ Signature _____ Exp: _____
Visa and MasterCard only

Past Due
Disconnect Date
01/10/08

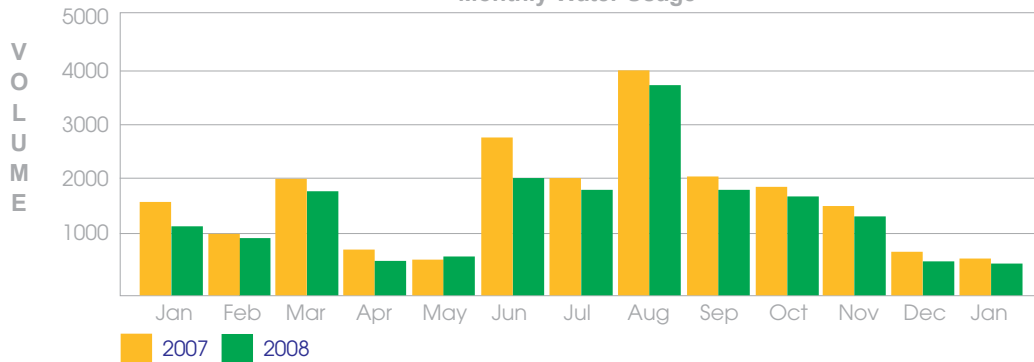
TEAR OFF TOP AND RETURN WITH PAYMENT

From: 10/15/09 To: 01/12/10 Bill Date: 01/15/10 Due: 01/10/10

For: 123 MAIN STREET Account No: 23-4567.00

Description	Previous	Present	Consumption	Amount
PREVIOUS BALANCE				4,401.43
AMOUNT PAST DUE				4,401.43
ELECTRICITY RESIDENTIAL				53.00
DEMAND CHARGE				6.00
PURCHASED POWER				2.40
SITING SURCHARGE				0.10
WATER	783	946	163	105.00
SEWER			AVERAGED WINTER USE 0	6.50
REFUSE				7.50
STREET LIGHTS				2.00
TAXES				2.75
TOTAL AMOUNT DUE				4,586.68

Monthly Water Usage



Water Usage Comparison (Averages)

	Bill Period			
Curr Usage:	3276	04/13-07/13	Days: 91	Daily: 34.92
Prev Usage:	1189	01/12-04/13	Days: 91	Daily: 13.06
Last Year:	1648	10/14-01/14	Days: 92	Daily: 17.91

▲ UTILITIES REPORT



Minisoft

VOUCHER NUMBER	VENDOR INVOICE				PAYMENT AMOUNT
	DATE	NUMBER	AMOUNT	DISCOUNT	
1294857	06/25/10	9385784	371.76	.00	371.76
4958692	06/25/10	3948593	8062.00	.00	8062.00
0293849	06/25/10	9298495	21.02	.00	21.02
9384758	06/26/10	2746738	1155.96	.00	1155.96
0293849	06/26/10	9485839	2294.00	.00	2294.00
3339495	06/27/10	8394858	7248.00	.00	7248.00
4449593	06/28/10	3349592	62.46	.00	62.46
4859683	06/29/10	3948572	617.61	.00	617.61
TOTAL AMOUNT PAID					19,832.81

34667 ◀ CHECK NUMBER

Minisoft

BANK OF YOUR CHOICE

58-3
1235

CHECK NUMBER

34667

DATE

AMOUNT



NINETEEN THOUSAND EIGHT HUNDRED AND THIRTY TWO 81/100*****

PAY TO THE ORDER OF
TOM JONES
1024 FIRST STREET
SNOHOMISH, WA 98290

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑆ 123456789⑆ 0 1234598⑆ 34667

ENDORSE HERE

Security features. Details on back.

FINANCIAL SERVICE

▲ SAMPLE AP CHECK

MICR 13B Sample

0 1 2 3 4 5 6 7 8 9 , ' " : ;

CMC-7 (ISO 1004) Sample

0 1 2 3 4 5 6 7 8 9 / \ | : ;



eFORMz FACTS

- ◆ MICR 13B and CMC-7 (ISO 1004) Font
- ◆ Secure Numeric Font
- ◆ Customized signature based on the amount or final check



EARNINGS				DEDUCTIONS		
RATE	HOURS	AMOUNT	DESCRIPTION	DESCRIPTION	AMOUNT	YTD
		1,960.40	REGULAR EARN			
				EMPLOYEE:		
				DUES	29.41	287.2
				DUES	1.00	10.0
				DUES	47.64	353.3
				TOTAL EMP DUES:	78.05	
				WASH DENTAL	96.20	96.2
				INSURANCE	6.90	6.9
				VISION	16.30	16.3
				GROUP HEALTH	344.44	344.4
				FICA	149.97	1,464.7
				DUES	25.06	226.3
				DUES	15.17	169.7
				401K	91.55	823.3
				TOTAL PAYMENT	745.59	

LEAVE				
TYPE	PREVIOUS BALANCE	EARNED	USED	NEW BALANCE
SICK VACATION				
STATE M/S	EX	ADDITIONAL	FEDERAL M/S	EX
S	3		S	3
		CURRENT	YTD	
TAXABLE GROSS:		1,912.76	18,793.04	
TAXABLE FICA:		1,960.40	19,146.40	
TAXABLE MEDICARE:		1,960.40	19,146.40	

	GROSS	FED TAX	STATE TAX	FICA-SS	FICA-MC	DED AMT	NET
CURRENT:	1,960.40	148.79		121.54	28.43	78.05	1,583.59
YTD:	19,146.40	1,437.69		1,187.08	277.66	650.58	15,593.39

Minisoft

CHECK DATE		
MONTH	DAY	YEAR
12	31	10

CHECK NO.
34667

ONE THOUSAND FIVE HUNDRED EIGHTY-THREE DOLLARS AND 59 CENTS *****

PAY TO THE ORDER OF:

TONY BRINGHURST
1024 FIRST STREET
SNOHOMISH, WA 98290

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

⑆ 1 23456789⑆ 0 1234598⑆ 34667

ENDORSE HERE

Security features: Details on back.

▲ PAYROLL CHECK



County Library System
Address Line 1
City, State ZIPCODE

TO: **EMPLOYEE NAME**
ADDRESS LINE 1
CITY, STATE ZIPCODE

CHECK # **130077**

County Library System
Address Line 1
City, State ZIPCODE

Bank Association
Seattle, WA 98000
1-800-123-4567
Payroll

19-12
1234

* NOT VALID 1 YEAR FROM ISSUE DATE *

WARRANT NUMBER	WARRANT DATE	PAY EXACTLY
130077	11/4/2010	\$*****283.47

TWO HUNDRED EIGHTY THREE AND 47/100*****

TO **EMPLOYEE NAME**
THE **ADDRESS LINE 1**
ORDER **CITY, STATE ZIPCODE**
OF

AUTHORIZED SIGNATURE

⑈00⑈130077⑈ ⑆123456789⑆ 335978241539

County Library System
Address Line 1
City, State ZIPCODE

Route:

Warrant No.: **130077**

Warrant Date: **11/4/2010**

Period End: **10/31/2010**

Employee #: **12345**

Payee Name: **EMPLOYEE NAME**
ADDRESS LINE 1
CITY, STATE ZIPCODE

Pay Type	Hours	Rate	Current	YTD	Deduction Description	Current Amount	YTD Amount
Regular	8.00	10.244	81.95	1,743.79	Gross	316.75	2,924.61
AvailableHrs	8.00	10.244	81.95	401.49	Federal Income Tax	7.30	33.86
Sun Prem PT				196.33	Federal FICA Withheld	19.64	181.33
Sick Pay		13.984		29.34	Federal Medicare Withheld	4.60	42.41
Substitute	8.00		111.87	141.21		1.74	16.50
Sub-Training		10.244		14.67	Ind Ins		
Vacation Pay	4.00		40.98	254.97			
Vac Pay Off				89.02			
Floating Hol				14.67			
Holiday				39.12			
Sick Lv Accr				18.16-			
VacationAccr				13.33			
Sick Taken/Available	3.00						
Vacation Taken/Available	34.19		4.00-				

* Gross 28.00 316.75 * Deductions 33.28 * Net 283.47
* Taxable 316.75

PAYROLL CHECK WITH MAILER ▲



22222		Void <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 12-123456789			1 Wages, tips, other compensation 2544.10		2 Federal income tax withheld 106.45		
c Employer's name, address, and ZIP code MINISOFT, INC. 1234 MAIN STREET SNOHOMISH, WA 98290			3 Social security wages .00		4 Social security tax withheld .00		
			5 Medicare wages and tips 2544.10		6 Medicare tax withheld 36.90		
			7 Social security tips .00		8 Allocated tips .00		
d Control number 1			9 Advance EIC payments .00		10 Dependent care benefits .00		
e Employee's first name and initial JOHN D		Last name JOE		Suff. MR		11 Nonqualified plans .00	
f Employee's address and ZIP code 23948 STATE STREET SNOHOMISH, WA 98290			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 .00		
			14 Other		12b .00		
					12c .00		
				12d .00			
15 State Employer's state ID number			16 State wages, tips, etc. .00		17 State income tax .00		
			18 Local wages, tips, etc. .00		19 Local income tax .00		
					20 Locality name		

Form **W-2** Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

2009

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 Cat. No. 10134D

▲ W2 TAX FORM



**FEDERAL C.U.
456 AVE. A
SEATTLE, WA 98000**

**** IMPORTANT TAX INFORMATION ****

**SALLEY SMITH
123 MAIN STREET
SEATTLE, WA 98000**

INSTRUCTIONS FOR RECIPIENT

Box 1. Shows interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. If you receive a Form 1099-INT for interest paid on a tax exempt obligation, please see the instructions for your income tax return.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See **pub. 550**, Investment Income and Expenses. **This interest is exempt from state and local income taxes. This interest is not included in box 1.**

Box 4. Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate. See **Form W-9**, request for Taxpayer Identification Number and Certification, for information on backup withholding. **Include this amount on your income tax return as tax withheld.**

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file **Form 1040**, may deduct these expenses on the "Other expenses" line of **Schedule A (Form 1040)** subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Nominees. If your Federal identification number is shown on this form and the form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-INT for each of the other owners showing the income allocable to each. You must also furnish a Form 1099-INT to each of the other owners. File Form(s) 1099-INT with **Form 1096**, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-INT, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer". A husband or wife is not required to file a nominee return to show amount owned by the other.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. FEDERAL C.U. 456 AVE. A SEATTLE, WA 98000		Payer's RTN (optional)		OMB NO. 1545-0112 2009 Form 1099-INT	Interest Income
PAYER'S Federal identification number 12 - 345678910	RECIPIENT'S identification number 98 - 765432101	1 Interest income not included in box 3 \$ 200.00			Copy B For Recipient This important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address (include apt. no.), city, state, and ZIP code SALLEY SMITH 123 MAIN STREET SEATTLE, WA 98000		2 Early withdrawal penalty \$.00	3 Interest on U.S. Savings Bonds and Treas. Obligations \$.00		
Account number (optional) 576879587-66		4 Federal income tax withheld \$.00	5 Investment expenses \$		
Form 1099-INT		6 Foreign tax paid \$	7 Foreign country or U.S. possession \$		
		(Keep for your records.)		Department of the Treasury - Internal Revenue Service	



Snohomish River
Credit Union

DATE: 03/24/10

CREDIT CARD OVERLIMIT NOTICE

Your credit card card balance exceeds your limit by \$ 18.82 . Payment is due immediately.

ACCOUNT NO:	1938485839092-484
CREDIT CARD NO:	192847473747
CREDIT LIMIT:	10000.00
CREDIT CARD BALANCE:	10018.82
OVERLIMIT FEE:	15.00



Snohomish River
Credit Union

TODD JONES
1254 10TH STREET
SNOHOMISH, WA 98290

▲ CREDIT MEMO



THE TRANSACTION (S) LISTED HAVE BEEN RETURNED DUE TO INSUFFICIENT FUNDS. ENDING BALANCE REFLECTS BALANCE AFTER FEES HAVE BEEN DEDUCTED.

1234-43 JODI SMITH

TRAN DATE: 06/08/10 EFF. DATE: 06/08/10 BR: 1

ENDING BALANCE	FEE(S)	DRAFT NUMBER	RETURNED AMOUNT
-630.65	75.00	1254	100.19
		0	38.43
		0	25.04

JODI SMITH
1024 FIRST STREET
SNOHOMISH, WA 98290

Washington CREDIT UNION

WASHINGTON CREDIT UNION
1234 FIRST AVE.
SEATTLE, WA 98290

JODI SMITH
1024 FIRST STREET
SNOHOMISH, WA 98290

REMOVE BOTH SIDE STUBS FIRST
FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

NSF FORM ▲



Minisoft

INVOICE
SALES ORDER
QUOTE

DATE
09/22/10
05/18/10

NUMBER
2345668
4903929
***** ST

SHIP VIA TRUCK
F.O.B. DESTINATION
SHIP TERM
BILL OF LADING

BILL TO:
BRINGHURST INC.
123 MAIN STREET
SEATTLE,
98000

WA

SHIP TO:

123 MAIN STREET
SEATTLE,
98000

WA

INVOICE

SHIP WITH ORDER 839485.

PAYMENT TERMS
2%15 DAYS NET 45

SALES REP # 958
SOUTHEAST

CUST PO
4859382

LINE	QTY	PART NUMBER	DESCRIPTION	UNIT PRICE	VALUE
1	1	2587	ITEM DESCRIPTION	900.000	900.000
	PO: 4859382				
2	1	8736	ITEM DESCRIPTION	800.000	800.000
	PO: 4859382				
3	1	9203	ITEM DESCRIPTION	200.000	200.000
	PO: 4859382				

TAX CODE Tax NO SALES TAX 0.00

SALE AMOUNT	1900.00
MISC AMOUNT	.00
SALES TAX	.00
FREIGHT	.00
TOTAL	1900.00



Minisoft

INVOICE

INVOICE DATE	INVOICE NUMBER	PAGE
07/21/10	983940	1

S
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T
O

39840 PACK SLIP# 983940
BRINGHURST
123 MAIN STREET
SEATTLE, WA 98000
U.S.A.

S/O# 00039485

SHIPMENT# 768586995
BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000
U.S.A.

T.C.D.	CUSTOMER P.O. NUMBER	LOC	DATE ORDERED	DATE PROMISED	DATE SHIPPED	PPD	COL	SHIPPED VIA
	837482948	S	06/08/10		07/21/10	X		UPS

SPECIAL INSTRUCTIONS	TERMS	F.O.B.
INV. CONTAINS ALL MISC CHGS FOR SHIPMENT: 768586995	NET 30 DAYS	SEATTLE


ITEM	NUMBER	DESCRIPTION	QTY. ORDERED	QTY. BACK ORDERED	QTY. SHIPPED	UNIT PRICE	AMOUNT
898	BIE9384950	ITEM DESCRIPTION	600	200	400	2.500	1000.00
060	FREIGHT ONLY	FREIGHT ONLY	0	0	1	3.560	3.56
	FED ACCT#	84932-494949					

CARTONS SHPD	WEIGHT	PLEASE PAY FROM THIS INVOICE	SUBTOTAL	SALES TAX	FREIGHT	PLEASE REMIT	AMOUNT
			1000.00		3.56		1003.56

NO MERCHANDISE MAY BE RETURNED WITHOUT WRITTEN AUTHORIZATION FROM THE FACTORY. ALL CLAIMS FOR ERRORS OR ADJUSTMENT MUST BE MADE WITHIN TEN DAYS AFTER RECEIVING SHIPMENT. A PACKING SLIP MUST BE INCLUDED. WE ARE NOT LIABLE FOR ANY TAX, FEDERAL OR STATE. IF ANY PRODUCT, IN OUR JUDGMENT, PROVES TO BE DEFECTIVE IN MATERIAL OR WORKMANSHIP, A SIMILAR REPLACEMENT PART WILL BE FURNISHED WITHOUT COST.

MANUFACTURING

- ▲ **SAMPLE INVOICES**
- ◀ Customized invoices for the industries leading software packages.



FAX and EMAIL
with eFORMz saving you
time and money!



Minisoft

**** PURCHASE ORDER ****
P394829 - 00

VENDOR: **EXPORTS**
RED HOOK NY 928490
USA

SHIP TO: **TONY HARTMAN**
SEATTLE WAY
SEATTLE WA 928490
USA

ATTENTION: **JOE BLACK**

BILL TO: **TONY HARTMAN**
SEATTLE WAY
SEATTLE WA 928490
USA

PHONE
800-682-0200

FAX
360-568-2923

P.O. DATE 9/15/10	VENDOR 928472	TERMS NET 30	F.O.B DESC	SHIPPED VIA UPS
SPECIAL CHARGES		FREIGHT	BUYER PHONE D CARVER 800-682-0200 FAX 394-2393	

	QUANTITY	UM	UNIT PRICE	EXTENDED PRICE
ITEM DESCRIPTION AND COMMENTS				
ITEM DESCRIPTION AND COMMENTS				
ITEM DESCRIPTION AND COMMENTS	100.000	EA	10.0000	1000.00

DATE SHIPMENT WILL BE MADE	FROM	SIGNED FOR SUPPLIER	DATE
----------------------------	------	---------------------	------

TOTAL

APPROVAL AUTHORIZATION

BY _____

**** CONTINUED ****

ORIGINAL COPY



Minisoft

SHIP TO
MINISOFT
 1024 FIRST STREET
 SNOHOMISH, WA 98290

PURCHASE ORDER NO.	CHANGE ORDER
5486	

VENDOR
BRINGHURST INC.
 123 MAIN STREET
 SEATTLE, WA 98290

BILL TO
MINISOFT
 1024 FIRST STREET
 SNOHOMISH, WA 98290

BUYER CODE **NW**
 INSPECTION CODE **1**

PURCHASE ORDER

ORDER DATE 07/09/10	ACCOUNT NO. 3948594	VENDOR 5678	TERMS NET 30	TAX NO	SHIP VIA TRUCK	CONFIRM TO MR T JONES
-------------------------------	-------------------------------	-----------------------	------------------------	------------------	--------------------------	---------------------------------

F.O.B. DEST COLLECT	REQUESTOR	DELIVER TO	REMARKS
-------------------------------	-----------	------------	---------

ITEM	QUANTITY	PART NUMBER	DESCRIPTION	UNIT	UNIT PRICE	AMOUNT	DELIVERY DATE
6.48	300.00	8B398-333	ITEM DESCRIPTION	EA	9.000	2700.00	08/12/10
9.38	600.00	9E938-222	ITEM DESCRIPTION	EA	10.000	6000.00	08/12/10
4.86	100.00	4BB6I-ABC	ITEM DESCRIPTION	EA	800.000	80000.00	08/12/10

SPECIAL INSTRUCTIONS

TOTAL ORDER \$ **88700.00**

BY: **SALLEY SMITH**
 BUYER

▲ **SAMPLE PURCHASE ORDERS**

▶ Customized purchase orders for many of the industries most popular software packages.



Minisoft

S
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T
O

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

S
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T
O

TOM JONES
BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

ORDER NO.	ORDER DATE	CUSTOMER ORDER NO.	CUSTOMER NO.	FREIGHT INSTRUCTIONS	SLMN.	PAGE NO.
12345	07/17/10	293849502	694059697004	FREIGHT PREPAID	4958	0001

QUANTITY		ITEM NUMBER	DESCRIPTION	CUBES	CUBE EXT.
ORD	RECE				
		73 x 22 REC. RECTANGLE x 2 21 IN. FROM EA. SIDE WHITE			
		4 IN. ** DOUBLE BOWL**			
1		800C WHITE	CUSTOM MARBLE TOP	17.00	17.00
2		8BWL WHITE	CUSTOM MARBLE BOWL	0.00	0.00
			END OF ORDER		17.00

INVOICE NOT PAID BY THE NEW DUE DATE ARE SUBJECT TO A SERVICE CHARGE AT THE RATE OF 2% PER MONTH (24% ANNUAL) ON THE OUTSTANDING BALANCE NO MERCHANDISE TO BE RETURNED WITHOUT OUR WRITTEN PERMISSION. WE HOLD RECEIPT FROM CARRIER SHOWING THAT THEY RECEIVED GOODS IN GOOD ORDER. CLAIMS FOR BREAKAGE OR DAMAGE SHOULD BE FILED WITH THEM.



Minisoft

B I L L T O
BRINGHURST INC.
 123 MAIN STREET
 SEATTLE, WA
 98000

S H I P T O
BRINGHURST INC.
 123 MAIN STREET
 SEATTLE, WA
 98000

SALES ORDER NO. SO12345	R/VS/N 2	DATE 07/18/10	PAGE 1
CUSTOMER ORDER NO. 12345678-9			
ORDER DATE 05/12/10	SALES CAT. PART	TAXABLE NO	
METHOD OF SHIPMENT UPS		F.O.B. 2	P.P.D. XX
S.A. 123			
TERMS NET / 30			

BILL TO CUSTOMER ► **485960496**

SHIP TO CUSTOMER ► **XXX1234**

ITEM	PRODUCT NUMBER	DESCRIPTION	TAX	SCHEDULED SHIP DATE	QUANTITY ORDERED	UNIT PRICE	EXTENSION	DISCOUNT	SALES COMM.
1	4950694MB	ITEM DESCRIPTION		07/19/10	1.0	2000.000	2000.00		.00
2	3054968CD	ITEM DESCRIPTION		07/19/10	1.0	4000.000	4000.00		.00
3	9586949FF	ITEM DESCRIPTION		07/19/10	1.0	1000.000	1000.00		.00

							7000.00		

							7000.00		

▲ **SAMPLE SALES ORDERS**

◀ Customized sales orders for many of the industries most popular software packages.



Minisoft

REMIT TO

MINISOFT
1024 FIRST STREET
SNOHOMISH, WA 98290

YOUR ACCOUNT NO. ▶ 123456789 *****

DATE ▶ 07/18/10

TO

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

PAST DUE BALANCES ARE SUBJECT TO A SERVICE CHARGE OF 1.5 % PER MONTH (18% ANNUAL) OR MAXIMUM LEGAL RATE UNDER APPLICABLE STATE LAWS, WHICHEVER IS LESS.

DATE	TRANSACTION	ITEM DESCRIPTION	CHARGE	CREDIT	BALANCE
04/04/10	INVOICE	ITEM DESCRIPTION	1000.00		1000.00
05/23/10	INVOICE	ITEM DESCRIPTION	2000.00		3000.00
05/23/10	INVOICE	ITEM DESCRIPTION	4000.00		7000.00
05/23/10	INVOICE	ITEM DESCRIPTION	4000.00		11000.00
05/28/10	INVOICE	ITEM DESCRIPTION		4000.00	7000.00

▶ 7000.00

CURRENT	OVER 30	OVER 60	OVER 90	OVER 120
4000.00				

DETACH HERE AND RETURN REMITTANCE STUB WITH PAYMENT FOR PROPER CREDIT

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

AMOUNT DUE	7000.00
YOUR ACCOUNT #	123456789 *****
DATE	07/18/10

Minisoft

REMIT TO

MINISOFT
1024 FIRST STREET
SNOHOMISH, WA 98290



Minisoft

SALES ORDER NO.	RVSN	DATE	PAGE
SO12345	2	07/18/10	1
CUSTOMER ORDER NO.			
12345678-9			
ORDER DATE	SALES CAT.	TAXABLE	
05/12/10	PART	NO	
METHOD OF SHIPMENT		F.O.B.	P.P.D.
UPS		2	XX
S.A.			
123			
TERMS			
NET / 30			

B I L L T O

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA

98000

S H I P T O

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA

98000

BILL TO CUSTOMER ▶ **485960496**

SHIP TO CUSTOMER ▶ **XXX1234**

ITEM	PRODUCT NUMBER	DESCRIPTION	TAX	SCHEDULED SHIP DATE	QUANTITY ORDERED	UNIT PRICE	EXTENSION	DISCOUNT	SALES COMM.
1	4950694MB	ITEM DESCRIPTION		07/19/10	1.0	2000.000	2000.00		.00
2	3054968CD	ITEM DESCRIPTION		07/19/10	1.0	4000.000	4000.00		.00
3	9586949FF	ITEM DESCRIPTION		07/19/10	1.0	1000.000	1000.00		.00

							7000.00		

							7000.00		

▲ **SAMPLE STATEMENTS**

◀ Customized statement for many of the industries most popular software packages.



Accord de Libre-Échange Nord-Américain Certificat d'Origine North American Free Trade Agreement Certificate of Origin

1. Nom et Adresse de l'Exportateur (Exporter Name and Address) MINISOFT (EXPORTER NAME) 1024 FIRST STREET (EXPADR1) SNOHOMISH, WA USA (EXPADR2) Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number) EXP TAX ID		2. Période Globale (Blanket Period) Du (AAMMJJ): (Effective Date YYMMDD) 01/01/10 Au (AAMMJJ): (Expiration Date YYMMDD) 31/12/10	
3. Nom et Adresse du Producteur (Producer Name and Address) : MINISOFT (PRODUCER NAME) 1024 FIRST STREET (PROADR1) SNOHOMISH, WA USA (PROADR2) Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number) PRO TAX ID		4. Nom et Adresse de l'Importateur (Importer Name and Address) BRINGHURST (IMPORTER NAME) 123 MAIN STREET (IMP ADR1) SEATTLE, WA (IMP ADR2) Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number) IMP TAX ID	

5. Description des Produits (Description of Goods) CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC CUSTOMER PART NUMBER PART DESCRIPTIC	1024 First Street Snohomish, WA 98290 Phone: 800-682-0200 Fax: 360-568-2923															
	Subject: 2002 NON-ORIGINATING GOODS STATEMENT															
	Customer:															
	<div style="border: 1px solid black; padding: 5px;"> BRINGHURST INC. 123 MAIN STREET SEATTLE, WA 98000 </div>															
	We hereby state that to the best of our knowledge, the following goods are "non-originating" (different origin than Canada, USA, or Mexico) under the North American Free Trade Agreement (NAFTA). If in the future this status changes, we will undertake to advise the Customer of the fact as soon as possible.															
	Product			Country of Origin												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CUSTOMER PART NUMBER</th> <th>PART NUMBER</th> <th>PART DESCRIPTION</th> <th>CN</th> </tr> </thead> <tbody> <tr> <td>CUSTOMER PART NUMBER</td> <td>PART NUMBER</td> <td>PART DESCRIPTION</td> <td>CN</td> </tr> <tr> <td>CUSTOMER PART NUMBER</td> <td>PART NUMBER</td> <td>PART DESCRIPTION</td> <td>CN</td> </tr> </tbody> </table>			CUSTOMER PART NUMBER	PART NUMBER	PART DESCRIPTION	CN	CUSTOMER PART NUMBER	PART NUMBER	PART DESCRIPTION	CN	CUSTOMER PART NUMBER	PART NUMBER	PART DESCRIPTION	CN	
	CUSTOMER PART NUMBER	PART NUMBER	PART DESCRIPTION	CN												
CUSTOMER PART NUMBER	PART NUMBER	PART DESCRIPTION	CN													
CUSTOMER PART NUMBER	PART NUMBER	PART DESCRIPTION	CN													

Certification d'Origine (Certification of Origin)
 J'atteste Que (I Certify that):

- Les renseignements fournis dans le présent document sont exacts et importants faites dans le présent document. *I am liable for any false statement.*
- Je conviens de conserver et de produire sur son exactitude ou sa validité; *(I agree to give of any changes that would affect)*
- Les marchandises sont originaires d'un pays qui bénéficie d'une exemption expresse à l'article 411 ou 401, *there has been no further production*
- Le présent certificat se compose de ...

TOM JONES
10/09/10

11a. AUTHORIZED SIGNATURE 		11b. COMPANY MINISOFT INC.	
11c. NAME (Print or type) TOM BRINGHURST		11d. TITLE DIRECTOR OF MATERIALS	
11e. DATE (DD/MM/YY) 9/24/10	11f. TELEPHONE NUMBER 800 682-0200	(Voice)	(Facsimile) 360 568-2923

Form PCANCERT - Printed and Sold by Minisoft

▲ NAFTA CERTIFICATE AND STATEMENT Custom



PICK UP AT

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - Not Negotiable

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading

The property described below, in apparent good order, except as noted (contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of the shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Minisoft, Inc.
1024 First Street
Snohomish, WA 98290
800-682-0200

Shipper ID: S87654321
Ship Date: 06/25/2010

SOLD TO: CompanyName Inc.
12039 Way
Seattle, WA 98000
USA

SHIP TO: CompanyName Inc.
12039 Way
Seattle, WA 98000
USA

Ship Via : truck123454567892345
FOB Point : FOB GA12134567890123

Vehicle ID/Container #: vehicle id1221232331
Carrier Acct/Seal # : seal nbr12jj39j1kr34

Item Description	Qty	UM	Net Weight	Tare Weight	Gross Weight
Termin-8 bulk	45,000.0 LB	1b	45,000.0	0.0	45,000.0
Termin-8 bulk	50,000.0 LB	1b	50,000.0	0.0	50,000.0

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Special Instructions

- FREIGHT
 PREPAID
 COLLECT

Shipper
Minisoft, Inc.
 MSDS SHEET PLACARDS MULTIMODAL DANGEROUS GOODS OFFERED

Freight Charges to be billed to:

Minisoft, Inc.
1024 First Street
Snohomish, WA 98290

Truck Driver _____

**DO NOT
DOUBLE STACK**

Special Instructions:
24 HOUR EMERGENCY TELEPHONE NO. 1-800-682-0200

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of consignor)
 If charges are to be prepaid, write or stamp here, "To be Prepaid." _____ Rec'd \$ _____ to apply in payment of the charges on the property described herein. Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid.)
 Charges Advanced: \$ _____ *Shippers imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.
 If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT. CHECK BOX IF CHARGES ARE COLLECT.

No. Pkgs./Pallets	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Sub. To Cor.)	Class Or Rate	Total Pieces	Total Weight	Date Shipped
	<input type="checkbox"/> NMFC# 67070 Class 50 <input type="checkbox"/> NMFC # 4480 Sub Class 70					

Agent, Per _____ Shipper, Per _____

BILL OF LADING (BOL) ▲



Date: _____		BILL OF LADING		Page _____			
SHIP FROM			Bill of Lading Number: 00001917				
COMPANY NAME, INC. 12039 WAY SEATTLE, WA 98000 USA SID#: _____ FOB: <input type="checkbox"/>							
SHIP TO			Carrier Name: _____				
COMPANY NAME, INC. Location #: _____ 1294 COUNTY DR JEFFERSONVILL, GA 3100 CID#: _____ FOB: <input type="checkbox"/>			Trailer number: _____				
			Seal number(s): _____				
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC: _____				
			Pro number: _____				
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <input checked="" type="checkbox"/> 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
			CUSTOMER ORDER INFORMATION				
CUSTOMER PO #	# CTN	WEIGHT	SO #	DEPT #	PO-TYPE	LOAD #	
0000502373C-AR	0	0	284612				
GRAND TOTAL	0	0				VENDOR #:	
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	LTL ONLY	
QTY	TYPE	QTY	TYPE			CUBE	NMFC #
		0		0		0	15520
		0		0		0	
GRAND TOTAL							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."							
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
				Signature _____ Shipper			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

▲ **BILL OF LADING (BOL)**



Minisoft

CUSTOMER # 6879685968
 BRINGHURST INC.
 123 MAIN STREET
 SEATTLE, WA 98000

QTY	ITEM NO.	ITEM DESCRIPTION
1	102938	ITEM DESCRIPTION
1	394859	ITEM DESCRIPTION
1	958749	ITEM DESCRIPTION

CUSTOMER'S REQUEST - SHIP VIA UPS GROUND

PACKING LIST

Minisoft

CUSTOMER # 6879685968
 BRINGHURST INC.
 123 MAIN STREET
 SEATTLE, WA 98000

PACKING LIST

FROM: MINISOFT
 1024 FIRST STREET
 SNOHOMISH, WA 98290

SHIP TO ZIP: 98000

H

6879

Net Product \$ 750.00
 P & H 7.50
 TOTAL SHIPMENT \$ 757.50
 AMT CHARGED 757.50

TO: BRINGHURST INC.
 123 MAIN STREET
 SEATTLE WA 98000

HOME (3948593) 3849563954 304934920
 803

FedEx Home Delivery
 SIGNATURE 07/12/01

1 LBS
 Order # P938495839305

24 LBS

Minisoft

SHIP BRINGHURST INC.
 TO: 123 MAIN STREET
 SEATTLE WA 98000

WA 938-0-1

FROM: MINISOFT
 1024 FIRST STREET
 SNOHOMISH, WA 98290

SHIP TO ZIP: 98000

▲ UPS GROUND and FedEx PACKING LIST

Create professional laser quality packing lists for some of the most popular shipping carrier labels, such as, UPS, USPS, FedEx, and international labels.



eFORMz ADVANTAGES

- ◆ SIMM Chip NOT required
- ◆ eFORMz - DataDIRECT allows database access for customizing data output



Minisoft

UPS SHIPPER NO.
WA 596-4059
I.D. P394857694958
UPS RES/COM

GREETINGS

ENJOY YOUR NEW eFORMz PRODUCT

SHIP TO

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

1-800-123-4567

07/12/10

REF. NO.

ORDER NO.

P394857694958



23 5969 505050 59595



Minisoft

UPS SHIPPER NO.
WA 596-4059
I.D. R58696868758
UPS RES/COM

GREETINGS

eFORMz PRODUCT

SHIP TO

JOHN DOE
29394 AVE. B
SEATTLE, WA 98291

1-800-888-1234

07/12/10

REF. NO.

ORDER NO.

P422591415563



24 6070 616161 60606



Minisoft

UPS SHIPPER NO.
WA 596-4059
I.D. R2958674865
UPS RES/COM

GREETINGS

THANK YOU FOR PURCHASING eFORMz FROM
MINISOFT

SHIP TO

JANE SMITH
29348 D STREET
ARLINGTON, WA 98223

1-800-684-1924

07/12/10

REF. NO.

ORDER NO.

P435003526214



34 6070 623161 60603





FROM

TO

Minisoft

DEAR VALUED CUSTOMER:

Your order has been carefully packed and immediately against items marked as shipped being filled. We're sorry for this delay and

If there is a discrepancy in the number of inspection, you find any other damage or

If you have received an item from Minisoft behind our products! Please contact our

When returning a product, all parts, pieces be eligible for a full refund.

RETURNS ARE EASY: HERE

STEP 1 **CIRCLE THE**

STEP 2 **REASON FOR**

In helping us to

CHECK APPROPRIATE

STEP 3 **DO YOU WANT**

EXCHANGE

ACCOUNT

REFUND

STEP 4 **CALL US FOR**

Minisoft

6879685968 C938495839305

TOM SMITH TOM SMITH

123 MAIN STREET BRINGHURST INC.

SEATTLE, WA 98000 123 MAIN STREET

SEATTLE, WA 98000 SEATTLE, WA 98000

QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXT. PRICE	WHSE LOC.
1	102938	ITEM DESCRIPTION	400.00	400.00	SEATTLE
1	394859	ITEM DESCRIPTION	50.00	50.00	SNO
1	958749	ITEM DESCRIPTION	300.00	300.00	SEATTLE

CUSTOMER'S REQUEST - SHIP VIA UPS

Net Product \$	750.00
P & H	7.50
TOTAL SHIPMENT \$	757.50
AMT CHARGED	757.50

ALL POSTAGE & HANDLING ON NON-FREIGHT SHIPMENTS WILL BE CHARGED ON FIRST SHIPMENT. SUBSEQUENT PARTIAL NON-FREIGHT SHIPMENTS WILL NOT BE BILL FOR P&H CHARGES.

Minisoft

1024 First Street
Snohomish, WA 98290
Phone: 1.800.682.0200
Fax: 360.568.2923

UPS SHIPPER NO:
40000A
ID 4950697890
UPS GROUND

TOM SMITH
BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

Minisoft

1024 First Street
Snohomish, WA 98290
Phone: 1.800.682.0200
Fax: 360.568.2923

UPS SHIPPER NO:
40000A
ID 4950697890
UPS GROUND

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SEATTLE, WA 98000

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Fax: 360.568.2923

UPS SHIPPER NO:
40000A
ID 4950697890
UPS GROUND

TOM SMITH
BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

- ▲ UPS 3UP PACKING LIST
- ◀ CUSTOMIZED PACKING LIST



Minisoft

GRID: 01 PAGE 1 OF 1
BX: URB / 15 UNIT TOTAL: 11
PICKTICKET # U001234567
WAVE: 20100815025
CARTON # 000123454678912345467
DISPATCH DATE: 07/06/10

ORDER # 555555

BILL TO: JANE SMITH
1234 FIRST STREET
SEATTLE, WA
98000 UNITED STATES OF AMERICA

SHIP TO: JOHN DOE
C/O THE COMPANY
29 DRIVE WAY
FLAT 2
BLACKPOOL
LANCASHIRE
FY3 8FA UNITED KINGDOM
102 3892 0293

QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISCOUNT	TOTAL
2	0003399003	ITEM DESCRIPTION	78.00	10.00	136.00
1	0003789008	ITEM DESCRIPTION	118.00		118.00
		GIFTWRAP	2.00		2.00
5	0004789907	ITEM DESCRIPTION	14.00		70.00
1	0007367728	ITEM DESCRIPTION	155.00		155.00
1	0009492432	ITEM DESCRIPTION	25.00		25.00
		WE'RE SORRY WE'RE UNABLE TO PROCESS THE FOLLOWING ITEM(S):			
1	0009492432	ITEM DESCRIPTION	25.00		25.00

YOUR ORDER HAS BEEN SPLIT INTO MULTIPLE BOXES; EACH WITH ITS OWN DESPATCH NOTE.

BOX SUBTOTAL £ 506.00

GIFTNOTE HERE

PAYMENT TYPE: MC CC NUMBER: **** * 1234
RETURN BY DATE: 07/07/10
Please see reverse for Returns information.

NET PRODUCT £ 15,000,947.00
TAX/VAT £ 2,550,160.00
P&P £ 500.00
TOTAL £ 17,551,607.00

ROYAL MAIL
POSTAGE PAID GB
HG346594

ROYAL MAIL
TRACKED
SIGNATURE REQUIRED

SAFEPLACE - If recipient not at home No Signature



FF077414202GB No Signature

JOHN DOE
C/O THE COMPANY
29 DRIVE WAY
FLAT 2
BLACKPOOL
LANCASHIRE
FY3 8FA UNITED KINGDOM
102 3892 0293

RETURN TO: MINISOFT RETURNS
Papiermühleweg 1, Postfach 107, CH-6048 Horw, Switzerland

PLEASE AFFIX
PROPER
POSTAGE
HERE

MINISOFT RETURNS
Papiermühleweg 1
Postfach 107
CH-6048 Horw
Switzerland

RETURNS LABEL
PICKTICKET U001234567



▲ SAMPLE INTERNATIONAL PACKING LIST



Minisoft

ORDER SUMMARY
RÉSUMÉ DE LA COMMANDE

CUSTOMER # ORDER #:
N° DE CLIENT: **00322856555** N° DE COMM: **22322655555**
BILL TO:
FACTURER À: **JANE SMITH**
 1234 FIRST STREET
 SEATTLE, WA
 98100 UNITED STATES OF AMERICA

SHIP TO:
EXPÉDIER À: **JOHN DOE**
 29 DRIVE WAY
 LETHBRIDGE, AB T1H 3C6 CANADA

QUANTITY QUANTITE	ITEM NUMBER NUMERO D'ARTICLE	DESCRIPTION	UNIT PRICE PRIX À L'UNITÉ	EXTENDED PRICE PRIX TOTAL	WHSE. LOC.
1	003338003	ITEM DESCRIPTION	59.95	59.95	AB00BA01

NET PRODUCT **59.00**
GST TAX **3.45**
P&H **8.95**
TOTAL SHIPMENT **72.35**
AMT CHARGED TO MC **72.35**

2

EXPEDITED PARCEL
COLIS ACCÉLÉRÉS

CANADA POST / POSTES CANADA
Mailer / Exp: 4410947

FROM /
Exp.: COMPANY NAME
 100 HARTBORN RD.
 NORTH VANCOUVER BC V7P 2T6

Method of Payment / Méthode de paiement:
A count down pile

PPN / PNP: 123-456-789-223-388-8
Ref. / Réf.: 1: 512-345-678-901

To / Dest: **JANEDICE**
 111 STREET, NORTH
 LETHBRIDGE, AB T1H 3C6 CANADA

Tel. / Tél.: **123-456-7899**

T1H 3C6

4410 9834 1116 3003 2T1H 3C6

Signature Required
Signature requise

ATTENTION

Do NOT Suck Drop
Ne pas laisser en l'air

DO NOT SUFFER DROP / NE PAS LAISSER EN L'AIR SUR

SAMPLE INTERNATIONAL PACKING LIST ▲

Bi-lingual French and English



Prepaid Return Label Instructions

If for any reason you're not completely satisfied with your purchase, you can return it to Retail Store by simply following the instructions listed below:

1. Complete steps 1 & 2 from the return/exchange section on the back of the packing slip.
2. Repack the item in a suitable box or bag.
3. Complete the customer address section of the label below and attach it to your package.
4. Give the package to your postal carrier or drop off at any post office in the Continental U.S.

The amount of \$6.95* will be deducted from your refund/exchange *(\$8.95 for AZ, CA, CO, ID, MT, NM, NV, OR, TX, UT, WA, & WY residents).

Within 3 days, you can track your package at www.FedEx.com/us using the tracking number at the bottom of this ticket.

For further assistance please contact Customer Service at 800-682-0200. Thank you for shopping Retail Store, we remain committed to ensuring your complete satisfaction 100% of the time.

Return Tracking Number - Keep For Your Records:

1234 5555 3333 9999 2939 40

CUSTOMER ADDRESS RETURNING PRODUCT:

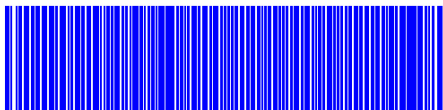
Name: _____
 Addr: _____
 Ord#: _____

NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

PARCEL SELECT RETURN SERVICE
SMARTPOST PERMIT NO. 12345 - 000

**RETAIL STORE / RETURNS
PARCEL RETURNS SERVICE
58850**

BMC ZIP - USPS PARCEL RETURN SVC



123 56950 4567 8888 9999 3333 2222 77

F0001

Agreement, all rights granted to Customer herein shall automatically revert to MINISOFT.

NOTICE: THIS PRODUCT CONTAINS PROPRIETARY RIGHTS BELONGING TO MINISOFT. IF YOU INSTALL, COPY, PRINT, EXECUTE, PERFORM, REPRODUCE, OR OTHERWISE USE THIS LICENSE AGREEMENT, YOU ARE DEEMED TO HAVE ACCEPTED THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

IF YOU PURCHASE THIS PRODUCT FROM MINISOFT, YOU MAY ONLY USE IT FOR YOUR PERSONAL, NON-COMMERCIAL USE. YOU MAY NOT REPRODUCE, COPY, PRINT, EXECUTE, PERFORM, REPRODUCE, OR OTHERWISE USE THIS LICENSE AGREEMENT, YOU ARE DEEMED TO HAVE ACCEPTED THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

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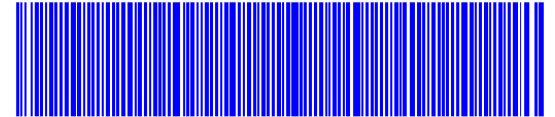
Notification on damage which is not recognizable from the outside must be submitted to GeoPost within 7 days in writing.

6 VIA BELLAVISTA, ERBUSCO 25000 Italy		Sender MINISOFT INC 22 WEST STREET LONDON W21 1NA Phone		Account 12345678 www.dpd.co.uk DPD
Contact Phone Info	MS JANE SMITH 0012345678	Packages 1 OF 1 Total Weight 5 kg	Delivery Address	
Consignment Ref	1234567892 17123 7090			

1550 2222 3452 987
Track Service

IT-0825

16 101-IT - 25000 shipease_web 01



0025 1234 5504 1067 2018 4101 3888



COMPANY NAME
ADDRESS LINE 1
ADDRESS LINE 2
City, State ZIPCODE

SHIP TO: Tom Jones
123 Main Street

WALDORF MD 20601-3121





MD 205 9-22



UPS GROUND
TRACKING #: 1Z 803 79X 03 0529 5578



DOMESTIC EXPRESS DHL Online	DOM	
From: COMPANY NAME ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE ZIPCODE United States		
To: COMPANY NAME ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE ZIPCODE United States		Contact: CLIENT NAME XXX-XXX-XXXX
US-BFI		
		Day: _____ Time: _____
Ref-Code: comat shipment	Date: 2010-07-19	Ship Weight: 0.5 lb
		Piece: 1/1
 Content: BUSINESS DOCUMENTS WAYBILL 94 2347 8783		
 WAYBILL 94 2347 8783		
 (JJJ01 4536 3677 0001 1933)		

◀▶ SAMPLE SHIPPING LABELS



Minisoft

Nº 34667

Dear Customer:

Recently you placed an order with our company. You overpaid on your order and this resulted in a refund due you. Attached is your refund check. Your order has been processed and has or will be shipping soon. If you have any questions regarding this refund please contact our Customer Service Department at 1-800-682-0200.

Sincerely,
Minisoft

CUSTOMER #: 2948593

ORDER #: 3948573920

DETACH ALONG PERFORATION

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER

Minisoft

Bank Name
Seattle, WA 9800

Nº 34667

DATE

07/09/10

AMOUNT

\$*****32.00

P
A
Y

TO THE
ORDER OF

BRIGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

ORIGINAL HAS A SIMULATED WATERMARK ON THE BACK AND MICRO PRINTING IN CHECK BORDER

⑆123456789⑆ 01234598⑈ 34667

DETACH ALONG PERFORATION

Minisoft

Dear Customer:

Recently you placed an order with our company. You overpaid on your order and this resulted in a refund due you. Attached is your refund check. Your order has been processed and has or will be shipping soon. If you have any questions regarding this refund please contact our Customer Service Department at 1-800-682-0200.

Sincerely,
Minisoft

CUSTOMER #: 2948593

ORDER #: 3948573920

Minisoft

Bank Name
Seattle, WA 9800

Nº 34667

DATE

07/09/10

AMOUNT

\$*****32.00

P
A
Y

TO THE
ORDER OF

BRIGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

COPY

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

ENDORSE HERE

▲ REFUND CHECK



Minisoft

GIFT FROM: JOHN DOE
123 MAIN STREET
SEATTLE, WA 98101

ORDER # 50390593
DATE 07/11/10

GC #: 002938494

GC AMT: \$*****25.00

MAIL TO: JANE REED
923 LEAFWOOD DRIVE
SEATTLE, WA 98101

↳ DETACH ALONG PERFORATION ↲

No: 002938494

Gift Certificate

Minisoft

IN THE AMOUNT OF: \$*****25.00

This certificate entitles you to a gift from Minisoft. To Redeem this certificate or to request a catalog, please call a customer service associate at 1-800-682-0200. This certificate is also redeemable on-line at www.minisoft.com or in store at 1024 First Street, Snohomish, WA.

ORDER # 50390593 07/11/08 EXPIRES 07/18/10

Minisoft is not responsible if this certificate is lost, stolen, or destroyed.

Minisoft

GIFT FROM: STEVE SMITH
1ST AVE S.E.
SEATTLE, WA 98101

ORDER # 50390595
DATE 07/11/10

GC #: 002938500

GC AMT: \$*****50.00

MAIL TO: DONNA MAYFIELD
2930 AVENUE B
SEATTLE, WA 98101

↳ DETACH ALONG PERFORATION ↲

No: 002938500

Gift Certificate

Minisoft

IN THE AMOUNT OF: \$*****50.00

This certificate entitles you to a gift from Minisoft. To Redeem this certificate or to request a catalog, please call a customer service associate at 1-800-682-0200. This certificate is also redeemable on-line at www.minisoft.com or in store at 1024 First Street, Snohomish, WA.

ORDER # 50390595 07/11/10 EXPIRES 07/18/10

Minisoft is not responsible if this certificate is lost, stolen, or destroyed.

GIFT CERTIFICATE ▲



STATEMENT

Minisoft

BRIGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

ACCOUNT NO.
99958483515

DATE
04/01/10

TRANSACTION DATE	TRANSACTION NO.	PURCHASE ORDER NO.	CURRENT	1 - 30 DAYS PAST DUE	30 - 60 DAYS PAST DUE	OVER 90 DAYS PAST DUE
07/10/10	1233456789					-4.00

CURRENT	1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	TOTAL DUE
.00	.00	.00	.00	-4.00	-4.00

Page 1 of 1

▲ STATEMENT



Minisoft

PURCHASE ORDER

VENDOR FAX NO.

360-698-9087

PURCHASE ORDER NO.

1256325487

DATE 07/10/10	TERMS Net 30 DAYS	SHIP VIA UPS GROUND	FOB PREPAY AND ADD	DATE REQUIRED 08/28/10
------------------	----------------------	------------------------	-----------------------	---------------------------

PAYMENT TYPE: **OPEN ACCOUNT**

VENDOR NO.

2568

SHIPPING INSTRUCTIONS

Ship to: **MINISOFT**
1024 FIRST STREET
SNOHOMISH, WA 98290

V
E
N
D
O
R

BRINGHURST INC.
123 MAIN STREET
SEATTLE, WA 98000

ITEM NUMBER	QTY.	UNIT OF MEASURE	DESCRIPTION	DATE REQUIRED	UNIT PRICE	EXTENDED AMOUNT
9938 ITEM	400	EACH	ITEM DESCRIPTION	08/28/10	3.00	1200.00
8374 ITEM	400	EACH	ITEM DESCRIPTION	08/28/10	9.00	3600.00
2637 ITEM	400	EACH	ITEM DESCRIPTION	08/28/10	400.00	160,00.00

SPECIAL INSTRUCTIONS

Purchase Order Total \$ **164,800.00**

BEFORE SHIPPING YOU MUST NOTIFY ME OF ANY PRICE DIFFERENCES. IF NOT NOTIFIED WE WILL PAY THE PRICE SHOWN ON ORDER. JAN x 9876 783-098-9899

**PLEASE CONFIRM
RECEIPT OF ORDER
BY FAX**



INVOICING INSTRUCTIONS:

Purchase Order Number
Must Appear On Invoice
On All Packages.

PREPARED BY

Sally Smith

AUTHORIZED BY

Tom Tavares

PURCHASE ORDER ▲



Company Name

Dear JANE DOE:

Your recent order, # **P004753801014** has shipped or is about to ship. Please review the details below:

Qty	Item Number	Item Description
1	1232MB	HOLIDAY TREATS

Shipping to:

JANE SMITH
551 5TH AVE
NEW YORK, NY 10176

Gift Message:

SORRY I WILL MISS YOUR HOLIDAY PARTY, ENJOY! JANE DOE

The UPS tracking number is **12345465IZ2394O394LE** [Click here](#) to track your package.

Please note that tracking information may not be available until after 5:30pm EST and you may see a "UPS could not locate the shipment" message on the UPS site. You may also check the status of your order at any time, by visiting the My Account section of our site.

We want to hear from you! We appreciate your business and want to know that your package arrived on time and as expected. Please reply to this email with any questions or comments.

Need a last minute gift? [Click Here](#) for next-day delivery.

Orders must be received by 5:00pm EST. Choose from our entire selection of chocolates, pastries & confections.



▲ HTML CONFIRMATION LETTER



**COMPANY
NAME**

Your order is on its way!

Your recent order, # **P004753801014** has shipped or is about to ship. If one or more of your items are backordered, we apologize for the delay - those items will appear immediately below this line. Please review the details below:

Backorder Information:

Item Number	Item Description
123456	XL ITEM

Thank you for Shopping with us! Your order information is below:

Shipping to:

JANE SMITH
551 5TH AVE
NEW YORK, NY 10176

Order Information:

Qty	Description	Amount
1	RED CAP	14.50
1	XL TEE SHIRT	9.50
1	HEAD WARMER	8.00
1	GREEN CAP	6.50
1	HEADPHONES	14.50
1	COLLECTORS EDITION HAT	12.50
1	HAND WARMERS	39.50
1	XL TEE SHIRT	26.50
PRODUCT		131.50
TAX		0.00
POSTAGE & HANDLING		15.95
TOTAL:		147.45

The UPS tracking number is **12345465IZ23940394LE** [Click here](#) to track your package. Please note that tracking information may not be available until after 5:30pm EST and you may see a "UPS could not locate the shipment" message on the UPS site. You may also check the status of your order at any time, by visiting the My Account section of our site.



HTML CONFIRMATION LETTER ▲



COMPANY NAME

Toll Free:
Monday thru Friday 8am - 5pm CST

Thanks for your order,
This email is a confirmation for your recent order # **P004753801014**. You will receive a shipping confirmation email with tracking number once your order has shipped.

Want to manage your order online?
If you need to check the status of your order or obtain a copy of your order invoice, visit us online at www.CompanyName.com/status or click on Order Status at the top of any page.

Purchasing Information:

Email Address: **janedoe@juno.com**

Billing Address: **JANE SMITH
551 5TH AVE
NEW YORK, NY 10176** Shipping Address: **JANE SMITH
551 5TH AVE
NEW YORK, NY 10176**

Order Total: **\$147.45**

Order Summary:

Order Details:	QTY	ITEM DESCRIPTION	PRICE
	1	RED CAP	14.50
	1	XL TEE SHIRT	9.50
	1	HEAD WARMER	8.00
	1	GREEN CAP	6.50
	1	HEADPHONES	14.50
	1	COLLECTORS EDITION HAT	12.50
	1	HAND WARMERS	39.50
	1	XL TEE SHIRT	26.50

Estimated Shipping Time: **5-7 Business Days**

Shipping Method: **UPS Ground**

Subtotal of Items: **131.50**
 Sales Tax: **0.00**
 Shipping & Handling: **15.95**
 Discounts: **0.0**

Grand Total: 147.45

Order Information:

Important Information About Your Order:
This is a confirmation that your order has been processed in our system. You will receive a separate email once your order has shipped which will include your tracking information so you may obtain a projected date of delivery directly from the carrier's website. Orders that contain multiple items shipping at different times will receive multiple emails. Orders placed with a credit or debit card will be pre-authorized for the amount of the order. The actual charge will not take place until the items on the order are physically shipped from our warehouses.

Contact Us:
Please contact our customer service department via email with any questions: customerservice@companyname.com

Please Note:
This e-mail message was sent from a notification-only address that cannot accept incoming email. Please do not reply to this message.

▲ HTML CONFIRMATION LETTER





1024 First Street
Snohomish, WA 98290
U.S.A.

800-682-0200
360-568-6602
Fax: 360-568-2923

sales@minisoft.com
support@minisoft.com
www.minisoft.com



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