ELITE SOFTWARE, INC. PAYROLL CHECKS (NEW) ORDER FORM AND AGREEMENT (Rev. 03/08)

FOLLOW THESE STEPS: 1.) Complete all information on all pages, 2.) Initial page 2 and 3 of this agreement, 3.) Sign the agreement, 4.) Attach a clear, legible copy of the check that contains the correct bank account number to third page below, and, 5.) Fax ALL pages of this form to (352) 335-4884. If you are unable to fax this form, please mail it to Elite Software, 3324 W. University Avenue, #130, Gainesville, FL 32607.

TERMS AND CONDITIONS TO PURCHASE PAYROLL CHECKS

THIS AGREEMENT is to induce Elite Software, Inc., hereinafter referred to as ELITE, to provide and sell printed payroll checks for the purpose and use with the Elite Salon & Spa PayrollTM software program to the undersigned and the undersigned licensee of Elite Salon & Spa ManagementTM, hereinafter referred to as PURCHASER, acknowledges and agrees to the following provisions:

- 1. NO REFUNDS. All sales are final and non-refundable.
- APPROVAL BY ELITE. ELITE reserves the right to refuse any
 order if information provided by PURCHASER to be printed on the
 checks is illegible or if PURCHASER fails to provide a copy of a
 check containing the correct bank account number.
- 3. RUSH SERVICE FEES. ELITE will make all efforts to fulfill PURCHASER's check order within twenty-eight (28) days following receipt and approval by ELITE of PURCHASER's order. In the event PURCHASER desires the order be fulfilled sooner than twenty-eight (28) days, PURCHASER may pay a rush fee of twenty-five dollars (\$25) when sending the order to ELITE.
- PAYMENT POLICY. This order will not be processed if a credit card payment is not approved, or a check or direct debit is returned from PURCHASER's bank account for any reason.
- 5. **THIRD PARTY VENDOR.** ELITE may contract with a third party vendor for the purpose of printing checks for PURCHASER.
- 6. **PRODUCT INSPECTION.** PURCHASER shall inspect all items immediately upon delivery to ensure checks are correctly printed.
- 7. IMPROPERLY PRINTED CHECKS. PURCHASER shall notify ELITE of any errors in the checks ordered by PURCHASER within thirty (30) days following PURCHASER's receipt of the checks. ELITE reserves the right to determine whether printing errors are attributable to ELITE or PURCHASER. If the printing error was attributable to ELITE or ELITE's third party vendor, ELITE will reprint the checks at no cost to PURCHASER. If the printing error was attributable to PURCHASER, PURCHASER shall bear all costs for reprinting the checks and shall complete a new check order form

to initiate reprinting of the checks.

- INDEMNIFICATION OF ELITE. PURCHASER indemnifies
 and holds harmless ELITE from any and all losses which may occur i)
 during shipping of items to or from ELITE, and ii) due to misprinted
 or incorrect information printed on checks ordered by PURCHASER
 pursuant to this Agreement.
- 9. VENUE. Exclusive venue for any action stemming from this Agreement shall lie in state court in Alachua County, Florida. In the event of legal action and its subsequent appeals between ELITE and PURCHASER, PURCHASER agrees that ELITE shall be entitled to recover its reasonable legal fees incurred in said legal action and its subsequent appeals, should ELITE prevail in said legal action. All delinquent sums due hereunder shall accrue interest at the rate of 1.5% per month.
- ASSIGNMENT. This Agreement may be assigned by ELITE in which event ELITE shall be released from all duties and liabilities hereunder. PURCHASER shall not assign this Agreement to any other person or entity.
- 11. GOVERNING LAW. This Agreement shall be governed by the laws of the state of Florida applied to contracts entered into in the state of Florida to be performed in the state of Florida by Florida residents.
- MODIFICATION. This Agreement may only be modified in writing signed by both parties.
- 13. If PURCHASER is a corporation, limited liability company (LLC), limited partnership, or general partnership, then the person executing this Agreement is authorized to bind PURCHASER to the terms hereof.

THIS IS A LEGALLY BINDING AGREEMENT. PLEASE READ ALL PAGES. THIS AGREEMENT IS THE OBLIGATION OF THE PURCHASER NAMED BELOW. BY SIGNING BELOW, PURCHASER AGREES TO THE TERMS AND CONDITIONS HEREOF, AS SET FORTH HEREIN.

PURCHASER's* Printed Name	(* If Purchaser is a corporation or an entit other than an individual, then the name of that corporation or entity must be printed as Purchaser.)		[] Corporation [] Limited Liability Company (LLC)		Partnership eral Partnership
Signature of PURCHASER or PU	JRCHASER's Agent	PURCHASER's Address	City	State	Zip Code
Printed Name of Person Signing		Phone	Fax		
Title of Person Signing		Date	 E-mail		

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Initial Here	

METHOD OF PAMENT (select one)

[

[

J	My credit card is a: [] VISA [] MasterCard [] Discov	ver [] American Express	
	Please bill my credit card in the amount of \$149.00, which		nd handling, plus any applicable sales
	tax for 500 payroll checks.		
	[] Please bill my credit card in the amount of \$199.00, which	ch includes the setup fee of \$20.00, plus shipping ar	nd handling, plus any applicable sales
	tax for 1000 payroll checks. IF APPLICABLE:		
	[] For an additional \$25, which Elite is authorized to bill to a	my credit card, please provide "rush services" for m	ny check order.
	[] For an additional \$20, which Elite is authorized to bill to		
	file format on my check order.		
	I have read and agree to the above terms and conditions regato charge my credit card as indicated above. I agree all sales		cks. I hereby authorize Elite Softward
	to change my cream care as meneated above. I agree an ones	, are intal and non retainable.	
	Credit Card Account Number	Exp. Date	
	Orean Oard recount rumber	Exp. Duc	
	Name as it appears on the card	Signature of Cardholder	Date
	Name as te appears on the card	orginature of Cardinolater	Date
	Authorized by (Print Licensee's Name)	Signature of Software Licensee	
1	CHECK PRE-PAYMENT		
,	[] Included with this order and agreement is my check pay plus shipping and handling, plus any applicable sales tax for 5		hich includes the setup fee of \$20.00,
	[] Included with this order and agreement is my check paya	able to Elite Software in the amount of \$199.00, wh	nich includes the setup fee of \$20.00,
	plus shipping and handling, plus any applicable sales tax for 1	1000 payroll checks.	
	IF APPLICABLE:	please provide "much corrigee" for my cheek ander	
	[] For an additional \$25, which is included with this order, page 1. For an additional \$20, which is included with this order, page 2.		ail in .JPG or .TIFF file format on
	my check order.		·
	I have read and agree to the above terms and conditions rega and my check, ELITE will immediately deposit my check, bu		
	enough time to clear the bank. After such clearance, I unders		
	Signature of Checking Account Holder	Date	
1	DIRECT DEBIT		
J	Please debit my bank account in the amount of \$149.00,	which includes the setup fee of \$20.00, plus shippi	ng and handling, plus any applicable
	sales tax for 500 payroll checks.		
	[] Please debit my bank account in the amount of \$199.00,	which includes the setup fee of \$20.00, plus shipping	ng and handling, plus any applicable
	sales tax for 1000 payroll checks. IF APPLICABLE:		
	Please debit my bank account for an additional \$25, and	provide "rush services" for my check order.	
	[] Please debit my bank account for an additional \$20, and i	-	IPG or .TIFF file format on my
	check order.		, ,
	I have read and agree to the above terms and conditions rega	urding the purchase of payroll checks. As a licensee	of the Software Program and having
	previously signed the Elite Software, Inc. Automated Payment Syst		
	indicated above. I understand all debits made to my bank		
	terminate my ability to use the Elite Property if any direct	ct debit payments return unpaid from my bank	•

Date

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Signature of Account Holder

Initial Here	



PAYROLL CHECKS ORDER FORM

INFORMATON TO APPEAR IN LEFT-HAND CORNER OF CHECK:			
NAME OF BANK:	CHECK COLOR: [] Red [] Green [] Blue		
BANK ABA (ROUTING) NO.	QUANTITY: [] 1000 Checks [] 500 Checks		
BANK ACCOUNT NO.	STARTING CHECK NO SPECIAL LOGO: [] Yes [] No		
SHIP PAYROLL CHECKS TO THE FOLLOWING ADDRESS:	ADDITIONAL INSTRUCTIONS OR COMMENTS:		
Name			
Address			
City State Zip Code			
Attach voided ch	heck here		

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