

CCH iScan 2011/2012 Order Form

1: Registration Options (PLEASE SELECT ONE OF THE FOLLOWING OPTIONS)

CCH iScan Registration (includes unlimited PDF bookmarking service)		PRICE	TOTAL
Option 1) CCH iScan service — annual registration	Item #5005	\$ 300.00	\$
Option 2) CCH iScan service — annual registration with order of a scanner (Save 50% off registration fee.)*	Promo code ISCAN50	\$ 150.00	\$

Save \$150
on registration
fee with scanner
purchase

*Discount is only available when purchasing the scanner at the same time.

2: Scanner Options (PLEASE SELECT YOUR CHOICE OF SCANNER)

Integrated Scanners*	PRICE	TOTAL
Kodak i1120 scanner*	\$ 525.00	\$
Kodak i2400 scanner*	\$ 775.00	\$
Kodak i2600 scanner*	\$ 1050.00	\$
Fujitsu FI-6130*	\$ 995.00	\$
No scanner	N/A	

NOTES

Integrated scanners offer optimal image quality. Scanning is performed via the Website and optimized settings are configured automatically.
*Includes \$45.00 Shipping and Handling charge. Scanner orders will be processed, shipped and invoiced by Integrim.

MANUAL UPLOAD

Scanned files generated by non-integrated¹ scanners can be uploaded manually if these requirements are met: Output format: 300 dpi setting, black & white, multi-paged TIFF format, CCITT Group 4 compression. Files submitted by non-integrated scanners can be rejected if the quality is not sufficient for validation.

Note: ¹Multi-Function Peripherals (MFPs) and scanners generating PDF output are not supported by CCH iScan.

TAXES OF EACH PROVINCE (GST + PST or HST combined tax rate)							Subtotal	\$	
BC, MB 12%	AB, NT, YT, NU 5%	ON, NL, NB 13%	QC 12.88%	PE 15.5%	SK 10%	NS 15%	Outside Canada 0%	Taxes	\$
GRAND TOTAL								\$	

3: Validation Terms Agreement

CCH iScan Validation

I understand that if T1 returns are submitted for the Validation Service, I agree to pay validation charges of \$5.99 per return. This includes validation of up to 10 slips per return. Additional slips will be validated at a fee of \$1.00 per slip per return.

The Validation Service is an optional and separate service from the PDF Bookmarking that is included in the registration fee.

4: Contact Information

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION

COMPANY _____

NAME _____ CCH ACCOUNT # _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE () _____ FAX () _____

EMAIL _____

PLEASE CHECK YOUR METHOD OF PAYMENT

VISA MASTERCARD AMEX

CARD NUMBER: _____ EXPIRY DATE: MM/YY

CARD HOLDER'S NAME: _____

SIGNATURE: _____

P.O. NUMBER _____

FOUR WAYS TO REACH US

→ MAIL 90 Sheppard Avenue East,
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