



# PayTrain® Renewal Plan

Save up to 60% off the regular price of PayTrain!

### Bill To:

Customer Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Shipping Address Cont.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## New in 2017!

Your favorite payroll training program is updated and enhanced to be more flexible, convenient, and fun than ever before! And as always, renewing helps you:

- ◆ Keep your payroll knowledge up-to-date with the latest legislative changes
- ◆ Save up to 60% off the regular price
- ◆ Earn 20 RCHs or 2.0 CEUs when scoring 80% or better on the post-test

Welcome to the **PayTrain Renewal Plan!** Your purchase of *PayTrain 2016* entitles you to purchase a complete set of *PayTrain 2017* materials at this special reduced price. This special price is available only to purchasers of *PayTrain 2016* (non-transferable) and **is only for the original PayTrain 2016 user.** Purchasing *PayTrain* through the 2017 Renewal Plan will entitle you to *PayTrain 2018* at a discounted price as well. To order your *PayTrain 2017* materials, simply complete and return this form with payment to the address listed below.

YOU QUALIFY FOR...		YOUR RENEWAL ORDER				
PayTrain 2017	Eligible Quantity	Price: Online + Print Books	Quantity	Price: Complete Online Product	Quantity	Total
Member Price	You qualify to purchase the same number of programs as you purchased in 2016. Maximum limit: 2 units For help, call (800)444-5015.	\$510		\$360		
Colleague Price		\$555		\$405		
Nonmember Price		\$625		\$475		
<b>Subtotal:</b>						
<b>Sales Tax: Please add applicable state and local sales tax on orders shipped to:</b> AL, AZ, CA, CO, DC, FL, GA, IL, IN, KY, MA, MD, MI, MN, MO, NC, ND, NE, NJ, NM, NV, NY, OH, OK, PA, TN, TX, VA, WA, WI, and WV. *** (We reserve the right to adjust tax amount to reflect actual state/local tax rates.)						
<b>FOR PRINT BOOK ORDERS ONLY-Add \$25 Shipping FedEx Ground (Continental U.S):</b> <i>Call +1-651-905-2613 for rates outside of continental U.S.</i>						
<b>Total:</b>						

Required Information for Each Unit Ordered:	Unit 1	Unit 2 (if applicable)
APA Member/Colleague Number:	_____	_____
E-mail Address (Required for Web-based software):	_____	_____

### Please indicate method of payment:

- Purchase Order is attached.
- My check is enclosed (payable to API Fund for Payroll Education, Inc. c/o Holmes Corp.).
- I authorize API Fund for Payroll Education, Inc. c/o Holmes Corp. to charge my:
- VISA     MASTERCARD     DISCOVER     AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home address OR  Business address (check one please)                      City                      State                      Zip

Shipping Address: \_\_\_\_\_

Home address OR  Business address (check one please)                      City                      State                      Zip

Phone Number: \_\_\_\_\_  Home     Business     Cell

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Order, Send Payment To:

API Fund for Payroll Education, Inc.  
c/o Holmes Corporation  
2975 Lone Oak Drive, Suite 180  
Eagan, MN 55121-1553

Phone: (800) 444-5015, or +1-651-905-2613  
Fax: (651) 905-2669

**For more information call (800) 444-5015 or +1-651-905-2613**