



Sage  
 Attention: Education Purchase Program  
 1715 North Brown Rd  
 Lawrenceville, GA 30043  
 770-717-6735 Fax  
[Education.peachtree@sage.com](mailto:Education.peachtree@sage.com) E-mail

## Educational Purchase Program

Students and faculty/staff members who are Qualified Educational Users may purchase discounted Sage software package for only \$99.95 including shipping and handling! Please review the Qualified Academic User Requirements to determine if you are a Qualified Educational User. They are located at the following URL:  
<http://www.peachtree.com/supportTraining/educationProgram/>

**This is for personal use only.** The software program will be a fully functional version. The User Manual is an electronic copy and is on the cd. Each offer contains the current Peachtree by Sage Complete Accounting CD and a Training Library CD. The program may not be resold, transferred or copied. For U.S. distribution only. Just complete this form and mail, fax or e-mail it along with proof of eligibility to Sage. Proof of eligibility includes a copy of either a student picture ID or other proof of student registration or a faculty/staff picture ID or other proof of faculty/staff employment.

**Yes**, I am a Qualified Educational User and I want to take advantage of Sage's special offer. Please send me:

Peachtree Educational Kit, which includes the current Peachtree Complete Accounting CD and a Training Library CD.

**The following information is required to process your order. Please print or type.**

Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

I understand this offer is for personal use only and the product may not be resold, transferred or copied. I have read the eligibility requirements and verify that I meet the requirements.

Signature: \_\_\_\_\_  
 Signature of parent or guardian if under age 18:

Payment Enclosed:  
 Check       Visa       MasterCard       American Express       Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as appears on Credit Card: \_\_\_\_\_

Zip Code for Billing Address: \_\_\_\_\_

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

**Mail or fax this form with payment. Please allow 2 - 4 weeks for delivery. Sage, at its sole discretion, shall make a final determination as to eligibility. Sage, reserves the right to change or cancel this offer at any time.**