AMERICAN PAYROLL ASSOCIATION

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:_____

PayTrain 2018

Your favorite payroll training program is updated with the latest tax reform legislation. 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 when scoring 80% or better on the post-test

Welcome to the ***PayTrain Renewal Plan!*** Your purchase of *PayTrain 2017* entitles you to purchase a complete set of *PayTrain 2018* materials at this special reduced price. This special price is available only to purchasers of *PayTrain 2017* (non-transferable) and **is only for the original *PayTrain 2017* user.** Purchasing *PayTrain* through the 2018 Renewal Plan will entitle you to *PayTrain 2019* at a discounted price as well. To order your *PayTrain 2018* materials, simply complete and return this form with payment to the address listed below.

YOU QUALIFY FOR...		YOUR RENEWAL ORDER				
PayTrain 2018	**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 2017. Maximum limit: 2 units For help, call (800)444-5015.	$520		$370		
Colleague Price		$570		$420		
Nonmember Price		$640		$490		
					Subtotal:	
Sales Tax: Please add applicable state and local sales tax on orders shipped to: AL, AZ, CA, CO, DC, FL, GA, IA, 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.)*						
FOR PRINT BOOK ORDERS ONLY-Add $25 Shipping FedEx Ground (Continental U.S): *Call +1-651-905-2613 for rates outside of continental U.S.*						
					Total:	

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: _____

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

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: _____

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