



## USDA/RD Approved Lease Generation Software PURCHASE ORDER FORM

Note: Complete the PROJECT INFORMATION SHEET for each project included in this software purchase.

The following Affordable Housing Association of Indiana Member has purchased the USDA/RD Approved Lease Generation Software.

Date Purchased: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Total No. of Projects that will be preloaded into their software: \_\_\_\_\_ (Section A + B)

The following section A & B will be used by AHA of Indiana for billing purposes. The information will also be used by Simply Computer Software, Inc. to determine the number of CD-ROM's to be shipped to each project and/or the number for a group of projects at a central computer location.

A. The following projects require one (1) CD-ROM to be used on a specific project at site location.

Number of Projects: \_\_\_\_\_

(Attach a separate list of all projects to receive a single CD-ROM indicating Project Names, Address, City, State, Zip, and number of units)

B. The following project's require only one (1) CD-ROM to be used by multiple projects from a central computer location and will provide the operator with a project selection option to print forms.

Number of Projects by centralized grouping: \_\_\_\_\_

(Attach a list by grouping of all projects to be served from a centralized computer location indicating Project Names, Address, City, State, Zip, and Number of Units).

### **BILL TO:**

Project/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Payment Information (Please check one)     BILL MY ACCOUNT                       CHECK ENCLOSED

PO# (If applicable): \_\_\_\_\_ Make checks payable to: Affordable Housing Association of Indiana

Return to: AHA of Indiana, 530 S. 13<sup>th</sup> Street, Decatur, IN 46733 Phone (866)546-7742 / (260)724-6493 Fax



## USDA/RD Approved Lease Generation Software PROJECT INFORMATION SHEET

The following information is required for each project that will be included in the lease generation software package distributed. Program information is pre-loaded and then shipped with the installation CD-ROM.

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

SHIP TO:

Contact Person: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PROJECT'S PHYSICAL ADDRESS: Total Number of Units: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PROJECT'S MAILING ADDRESS:

Project Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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