

CCH® ProSystem fx® Tax Customized Letterhead Order Form				Order #:
Submit order form: Support.CCH.com/ticket Please enter "Letterhead: Your Account Number" in the Issue Summary field. Attach your custom letterhead as a PDF, JPG, Microsoft Word or other image file.				Account #:
				SLX ID:
				OPP ID:
Billing Information (All Field	ds Required)			
Attention				
Business Name				
U.S. Post Office Box Private P.O. Box/Mail Station				
Street Address				
Building				
Contact Information (Your	Customized Letterhead will be c	onveniently sent via emai	L.)	
Contact Name			Phone	
Email (Required)				
Customized Letterhead Robberg Black artwork on white backg Grayscale images may pri Your letterhead must fit was be resized or have white the resized of the resized letterhead the resized	• Est artwork specifications care equirements ground provides the best cont differently depending or within the shaded area of the space removed to accommon that have a minimum of 2MB cousiness days for processing.) \$1070 (109010) \$630 (109015)	ontrast and scan reproduction the type of printer using specification templated odate our template.	est possible reproduction of your duction. Seed. Text will be converted to be attended to the form attached. Letterhead the form attached to be attended to	
Payment Options				
☐ Bill my existing Account				
form and the terms and	vledges and agrees that Cus conditions of the CCH® Pros	System fx® Master Softv	grees to be bound by the sales ware License Agreement incorp csimile signatures shall be as o	orated herein and located at
Signature			Date	
WOLTERS KLUWER USE OF	NLY			
Account Rep			Division/Territory	Market/Segment

