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Greetings QuickBooks Users!!!

Have you ever been frustrated with QuickBooks? Are you looking for answers to your QuickBooks questions? Do you ever spend valuable work time searching for those "how to" answers?

GOOD NEWS IS HERE! LASR SERVICES WILL RELIEVE YOU OF YOUR PAIN AND FRUSTRATION!

Introducing the LASR QuickBooks Software Support Program

Get personalized help with QuickBooks when you need it and discover how to get **back to business fast**. We are here to answer your questions via telephone, e-mail, or, let us assist you with our online, screen-sharing, remote access.

We've designed a program that will fit your needs.

- Annual Support Plan - \$175.00** (billed annually to your credit card, never stress about not being supported)
- Monthly Support Plan - \$40.00** (billed monthly to your credit card, choose the months you need, cancel at any time)
- As-Needed Support Plan - \$25.00** (billed to your credit card each time you call for assistance)

DISCOVER WHAT YOU GET DURING THE TIME-FRAME OF YOUR QUICKBOOKS SUPPORT PROGRAM:

- unlimited assistance with your questions about a QuickBooks product feature
- unlimited assistance with a QuickBooks set-up procedure
- unlimited assistance with your QuickBooks questions, personalized for your company, without reviewing time-consuming manuals and help screens (*Can you afford not to use this program?*)
- members of LASR Services QuickBooks Support Program simply contact us for their QuickBooks answers:

Phone: 508.674.5151 ~ 508.889.4714
E-mail: lreilly@lasrservices.com

We'll call you back. . .guaranteed

3 Ways To Order! Don't Wait! Enroll Now!		
order online: www.lasrservices.com	complete the form below and fax to: 508.674.2228 (fax)	complete the form below and mail to: LASR Services 1162 GAR Highway, Suite 4 Swansea, MA 02777

ENROLLMENT FORM - LASR SERVICES QUICKBOOKS SUPPORT PROGRAM Today's Date: _____

Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____

Office Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

Please choose your plan:

Annual Support Plan - \$175.00 (billed annually to your credit card, never stress about not being supported)

Monthly Support Plan - \$40.00 (billed monthly to your credit card, choose the months you need, cancel at any time)

Jan. Feb. Mar Apr. May June July Aug. Sept. Oct. Nov. Dec.

As-Needed Support Plan - \$25.00 (billed to your credit card each time you call for assistance)

Payment Method:

Master Card Visa Discover

Card Number: _____

Exp. Date: _____ **CVV:*** _____

*3 digit number on the back of the card next to the signature line