

## Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core 127 document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field.

**Purchaser Information** (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.; "N/A" in "First Name" if not applicable.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web site \_\_\_\_\_  
Ship Plan Document package to:  Purchaser  Employer

### Employer Information for Plan Documents

(Owner/controller, document signer; exactly as it should appear in the plan document.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web site \_\_\_\_\_

Legal Name(s) of **Affiliated Company(ies)** that will be covered by the Plan (if any):

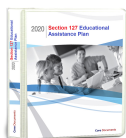
- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Plan Design Notes

Please use the area below to tell us more about your Section 127 EAP plan:

**Effective Date for Plan:** \_\_\_\_\_

**Do you want your Core 127 EAP plan document package in the Deluxe Binder Version or the Basic PDF Option?**



#### \$149 Deluxe Binder Version

Email PDF version processed ASAP,  
AND printed in 3-ring binder with five-  
section tabbed index, shipped via Priority  
Mail.



#### \$99 Basic PDF Option

PDF document only, processed  
quickly and sent via e-mail.

Employer: \_\_\_\_\_

**If paying by check, please complete the following:**

Your order can be processed with a copy of the original check attached to the order made out to Core Documents with amount to be charged, **OR** simply provide the following information and authorization.

Name as it appears on check: \_\_\_\_\_

Bank Name: \_\_\_\_\_

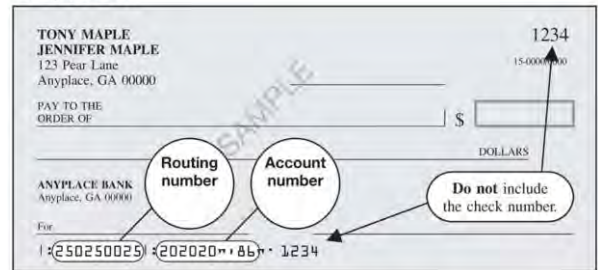
Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Sample Check



**CAUTION** The routing and account numbers may be in different places on your check.

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



**If paying by credit card, please complete the following:**

Card Type:  Discover  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

3 Digit Security Code on back: \_\_\_\_\_  
(4 digit on American Express front)

Total amount to be charged: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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



**Refund Policy:** Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: [CoreService@CoreDocuments.com](mailto:CoreService@CoreDocuments.com)

Toll Free Voice: 888-755-3373 Fax: 941-795-4802