



**PURCHASE ORDER FORM**

Please complete this form and fax to +1 603 546-7828 or email to [accounting@gatherworks.com](mailto:accounting@gatherworks.com)

Purchase Order Number: \_\_\_\_\_ (if applicable)      Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

GatherPlace Login Email Address: \_\_\_\_\_

**GatherPlace Invoice Order Details:**

Please select one:

Max Guests	Individual*				Shared			
	Monthly Basic	Monthly Premium	Annual Basic	Annual Premium	Monthly Basic	Monthly Premium	Annual Basic	Annual Premium
5	\$29	\$43	\$290	\$430	N/A	N/A	N/A	N/A
20	\$39	\$58	\$390	\$580	N/A	N/A	N/A	N/A
100	\$49	\$73	\$490	\$730	\$63	\$94	\$630	\$945
150	\$56	\$84	\$560	\$840	\$72	\$108	\$720	\$1,080
200	\$75	\$112	\$750	\$1,125	\$97	\$145	\$970	\$1,455
250	\$94	\$141	\$1,410	\$1,220	\$122	\$183	\$1,220	\$1,830

Rate                      # of Rooms                      **Payment Due**

\_\_\_\_\_ X \_\_\_\_\_ X \*2 (if monthly) = \_\_\_\_\_

Check here if paying by PayPal       Check here if paying by Electronic Transfer (info will be provided)

\* If paying by month, payment is required on receipt of invoice for first 2 months; payments are net 30 thereafter

\_\_\_\_\_ For Non-Profits: Check here if you agree to 3 Shout Outs each month you are subscribed to the GatherPlace service (based on the honor system). \* Please attach a copy of your 501(c)(3) letter from the Government showing that you are a non-profit company. [More Info: http://www.gatherplace.net/kb?id=891679](http://www.gatherplace.net/kb?id=891679)

Approval Signature \_\_\_\_\_