

PLEASE FAX SIGNED COPY TO:

480-924-1974



ASP Account Change Form

Account Change is Being Requested By

Name:

Business Name:

Phone:

Add/Remove People From Account

Add/Remove	Name	Can Change # of Users		Can Change User Password	
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Add/Remove User License to Account

Add: User License(s)

Remove: User License(s)

Please provide the log-in names for the accounts you wish to remove:

By signing this Order Form, I acknowledge that I have read and agree to the terms and conditions of the Application Terms of Service as well as the Service Level Policy, Support Policy and System Requirements all of which can be viewed and accessed at <http://www.dentimax.com/asp.html>

Signature: _____ Date: _____