

# DentiMax ASP Order Form

**(Check Enrollment/Set Up Fee)**    \$99 for one License  or \$199 for two or more Licenses

**End User Business Info**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

***Customer Access List***

Check Number of Licenses*		Contact Name	e-mail address	Contact Phone	User Name for Login (8 character Minimum)
1 <sup>st</sup> License -\$99/month	<input checked="" type="checkbox"/>				
2 <sup>nd</sup> License -\$99/month	<input type="checkbox"/>				
3 <sup>rd</sup> License -\$99/month	<input type="checkbox"/>				
4 <sup>th</sup> License -\$69/month	<input type="checkbox"/>				
5 <sup>th</sup> License -\$99/month	<input type="checkbox"/>				
6 <sup>th</sup> License -\$99/month	<input type="checkbox"/>				
7 <sup>th</sup> License -\$99/month	<input type="checkbox"/>				
8 <sup>th</sup> License -\$69/month	<input type="checkbox"/>				

\* Every 4<sup>th</sup> License receives \$30 Discount

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: \_\_\_\_\_