

PLEASE FAX SIGNED COPY TO:

**480-924-1974**



## ASP Account Order Form

### Customer Information

Business Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

### ASP Account(s) Ordered By:

Name:

Position:

Phone:

E-mail:

Account Password Change Security Question:

Answer:

### Account Information

# of Simultaneous Users (User Accounts):

(Please see website for pricing or discuss with Sales by calling 800-704-8494)

# of Databases to Create:

(Please Fill out a Database Request Form for each database)

By signing this 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: \_\_\_\_\_