

TotalMD ASP / DentiMax ASP Order Form

(Check Product) TotalMD ASP or DentiMax ASP

(Check Contract) 24 Month or 12 Months or Month-to-month
(First two months FREE) (First month FREE)

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 <small>(8 character Minimum)</small>
1 st License -\$99/month <input checked="" type="checkbox"/>				
2 nd License -\$99/month <input type="checkbox"/>				
3 rd License -\$99/month <input type="checkbox"/>				
4 th License -\$69/month <input type="checkbox"/>				
5 th License -\$99/month <input type="checkbox"/>				
6 th License -\$99/month <input type="checkbox"/>				
7 th License -\$99/month <input type="checkbox"/>				
8 th License -\$69/month <input type="checkbox"/>				

* Every 4th 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.totalmd.com/asp.html>

Signature: _____ Date: _____