

TotalMD ASP Order Form



(Check Enrollment/Set Up Fee) \$99 for One License \$199 for 2 or more Licenses

End User Business Info

Business Name:

Street Address:

Phone Number:

Fax Number:

E-mail:

Web Address:

PLEASE FAX SIGNED COPY TO:

480-924-1974

Customer Access List

Check Number of Licenses*	Contact Name	e-mail address	Contact Phone	User Name for Login (8 character Minimum)
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: _____