# New Account set-up and billing information for Instadose Plus Badge Service

|  |  |
| --- | --- |
| **Please read the TERMS of SERVICE information on the right carefully before you sign up for this subscription service.****Your signature below indicates your understanding of the Terms of Service and the billing requirements for this subscription service.** | 1. This is a subscription service that is billed annually.
2. By signing up for this subscription service you agree to pay for the service upon receipt of an invoice or automatically with your credit card.
3. Your subscription period date starts within a week of when the units ship.
4. The balance due must be paid within 10 days or your online service will be disabled until payment is received.
5. Upon termination of the service you agree to return the badges within 10 days at your own expense or you will be charged a termination fee of $45 per badge and $150 for the HotSpot.
6. By signing up for this subscription service, you are agreeing to the above terms and conditions as they apply to the Instadose Badge service.
7. Digital Signatures are allowed.
 |
| **I have and read and agree to the terms of** |
| **service as outlined in this document.** |
|  |
| **Signature** |
|  |
| **Print or Type Name** |
|  |
| **Title** |
|  |
| **Date** |

# New Account set-up and billing information for Instadose Plus Badge Service: Enter the Date you want your service to begin-

Color & Quantity:

(Enter the number of each color you would like and if you would like the instalink Hotspot or USB)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **BLUE** |  | **GREEN** |  | **PINK** |
|  | **ORANGE** |  | **RED** |  |  |
|  | **InstaLink HOTSPOT**(Optional) |  | **InstaLink USB**(Optional) |  |  |

# Billing Address

|  |  |
| --- | --- |
| Billing Company |  |
| First Name |  |
| Last Name |  |
| Telephone |  |
| Admin Email Address |  |
| Fax |  |
| Billing address |  |
| City |  |
| State |  |
| Zip |  |

**Shipping Information-Check if it’s the same as bill to:**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Telephone |  |
| Fax |  |
| Shipping address |  |
| City |  |
| State |  |
| Zip |  |

**Shipping Method-If you want us to use your FEDEX Account enter it here**

FedEx Priority (overnight)

FedEx 2nd Day (2 business days)

FedEx Express Saver (3-5 business days)

Fed Ex Ground (up to 7 days)

**Payment Information**

**PO # Credit Card**

**Credit card type:**

**Visa Mastercard AMEX Discover**

|  |  |
| --- | --- |
| Name on card |  |
| Credit card number |  |
| Expiration date |  |
| Card verification code (back of card) |  |

Credit Card Billing must match the information in the billing address section.

Price per badge (use price quoted)

x

Total number of Badges

Total Charge

(this will be the total charged either yearly)

Shipping is prepay and add

To submit your order for processing:

Email: InstadoseOrders@LaurusSystems.com Fax: 410-465-5257