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

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|  |  |
| --- | --- |
| **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 that you agree to have LAURUS Systems Inc. keep the credit card on file for subscription billing purposes. 3. Your subscription period date starts within a week of when the units ship. 4. You will be notified of the renewal approximately 2-4 weeks prior to your service expiration. 5. The balance due must be paid within 30 days or your online service will be disabled until payment is received. 6. 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 $30 per badge. 7. By signing up for this subscription service, you are agreeing to the above terms and conditions as they apply to the Instadose Badge service. |
| **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 Badge Service: Enter the Date you want your service to begin- \_\_\_\_\_\_\_\_\_\_\_\_\_**

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Color & Quantity:

(enter the number of each color you would like)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **BLUE** |  | **GREEN** |  | **PINK** |
|  | **SILVER** |  | **BLACK** |  |  |

**The following information will be assigned as Account Administrator. Additional users can be entered and assigned when setting up your account online.**

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|  |  |
| --- | --- |
| \*Account Name |  |
| \*Company Name (if different) |  |
| Title |  |
| \*First Name |  |
| \*Last Name |  |
| Gender |  |
| \*Email |  |
| \*Telephone |  |
| Fax |  |
| \*Industry (Vet, Dental, Rad, Other) |  |
| \*Login ID |  |
| \*Password (at least 5 characters) |  |
| **\*Security Question-You must choose one of the following:**   * mothers maiden name * Favorite Sport * Favorite Teacher * Favorite Restaurant * Street you grew up on * Favorite color |  |
| \*Security Answer |  |

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**For the security question, you MUST chose one of the following, for example, Favorite Restaurant etc. You can't make up your own security question. Please see the list and choose one and write the answer in the Security Answer Block.**

**Billing Address**

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

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

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|  |  |
| --- | --- |
| 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 **

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FedEx Priority (overnight)

FedEx 2nd Day (2 business days)

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Top of Form

FedEx Express Saver (3-5 business days)

Bottom of Form

Top of Form

Fed Ex Ground (up to 7 days)

Bottom of Form

**Payment Information**

**PrePaid by Check 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.

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Price per badge 

Bottom of Form

(use price quoted)

x

Top of Form

Total number of Badges 

Bottom of Form

Top of Form

Total Charge 

Shipping is prepay and add

To submit your order for processing:

Email: [InstadoseOrders@LaurusSystems.com](mailto:InstadoseOrders@LaurusSystems.com)

Fax: 410-465-5257

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