



7911 Rae Blvd. Suite 2
 Victor, NY 14564
 585-203-1969

Cognivue Acct Mgr: _____
Sales Associate: _____

Subscription - Set-up Form

Shipping Info: Practice/Company Name	Billing Info: Same as Shipping <input type="checkbox"/>
Purchaser or Practice Owner Name & Title	Legal Name
Shipping Address	Billing Address
City, State, Zip	City, State, Zip
Phone	Accts Payable Contact Name
E-mail (required)	Phone
	E-mail (required)

Tax Exempt YES / NO If yes, please provide a Certificate of Exemption with this form

Preferred payment method is auto-payment via Credit Card	There is an option to use bank draft when you receive your 1 st invoice
Credit Card #:	Expiration Date (MM/YYYY):
CVV Code (on back of card):	Name on Card:
Zip Code associated with card:	

Device Type: Thrive Remote Install: **YES / NO** Marketing Kit: **YES / NO**

Number of Units: _____ If more than one unit is ordered, list other locations as an attachment to this form.

Monthly Charge: \$375.00 Price remains in effect for 12mo from the start of the In-Service Date and is then subject to change.

Shipping Charge: \$50.00 Shipping the unit(s) to your location(s).

TERMS:
 "In Service Date" is defined as when the unit is in place and training is complete. Terms are "Due Upon Receipt". Sales tax may be applied to these amounts, subject to local regulations.

SPECIAL INSTRUCTIONS: Billing will begin 30 Days after In Service Date.

OFFICER, OWNER OR DESIGNATED REPRESENTATIVE
 By signing this application, we hereby authorize COGNIVUE, INC to process and invoice us as noted in TERMS/SPECIAL INSTRUCTIONS

SIGNATURE: _____ DATE: _____

Print Name: _____

TITLE: _____

Please email this completed subscription form to dtenbarge@cognivue.com

David TenBarge
 908-531-7375