

Support Registration Form

Complete form below and fax to (901) 380-8616, Attn: Kathy Martin.

Organization Name: _____

Contact Name: _____

Contact Title: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Agency Type:

- Basic Standard Advanced

Contract Type:

- Entry Primary Enhanced Premium

30-Day Support Package

- Installation Advice Login Installation

Extra Cost Option

- Extra Cost Option *(Purchasing this option will automatically place you as an Advanced customer.)*

Operating System Used:

- Windows 95 Windows 98 Windows 2000 Windows XP
 Other: _____

Network System Used:

- Windows NT Windows 2000 Windows XP
 Novell Unix

Number of Systems using HSFIS (including laptops): _____

Number of HSFIS servers at your location: _____

Total number of Funded children served: _____

Designated Callers:

Payment Information: *Payment is due 30 days after contract date. Contract will be activated and a customer number is assigned to your Agency. Please allow 2-3 working days.*

Fees:

		Basic		Standard		Advanced
Entry	<input type="checkbox"/>	\$595	<input type="checkbox"/>	\$1495	<input type="checkbox"/>	\$2995
Primary	<input type="checkbox"/>	\$795	<input type="checkbox"/>	\$2495	<input type="checkbox"/>	\$3995
Enhanced	<input type="checkbox"/>	\$1595	<input type="checkbox"/>	\$3495	<input type="checkbox"/>	\$4995
Premium	<input type="checkbox"/>	NA	<input type="checkbox"/>	\$4495	<input type="checkbox"/>	\$6995

- Bill My Agency
- Check Enclosed: Check#: _____
Date on Check: _____
Amount Enclosed: _____
- Purchase Order Number: _____
Please fax a copy of your purchase order with this form
- Credit Card: Visa MasterCard Discover American Express
Expiration ___/___
Credit Card Number: _____
Cardholder Name: _____
Cardholder Signature: _____

Approval:

Signature

Date

Printed Name

Title

For Office Use Only:

Activation Date: _____
Customer Number: _____
Non-Emergency Number: _____

Assigned Tech Rep: _____
Emergency Number: _____
Toll-Free Number: _____

Payment: Payment for contract work is due in advanced unless you choose the per incident options. On all options Contracts must be received in our office prior to the beginning of any services. **Cancellation Policy:** Cancellations are permitted on any contract. If agency cancels, CDC will prorate contract for service render and refund the balance left on contract amount. **Upgrades:** Support levels can also be upgraded at any time by completing a new contract. When you upgrade, CDC prorates your existing contract and applies the unused portion toward the new one.