

Travax Site License Order Form

If completing as a fillable PDF, note that some browsers, like Chrome and Opera, let you enter form content but don't save it to the file when you use the "save" or "save as" commands. If you use these browsers to fill out the form, choose Print and select the PDF print option to create a PDF that includes your entries. Otherwise, use a browser or other PDF reader that displays a Save control with the form. Link: www.shoreland.com/downloads/pdf/TravaxSiteLicenseOrderForm.pdf

Account Name:

Name of organization licensing Travax

Account Administrator:

Person managing the Travax subscription and receiving renewal notices

Title:

Email:

Phone:

Practice Type

Unrestricted Access (open to public)

Medical Clinic/Private Provider

Pharmacy

Public Health

Organization-Specific Access

Corporate or NGO Medical/On-Site Service

Government Medical/On-Site Service

Student/Campus Health

HMO (serves members only)

Travax Site Address* (physical address where Travax will be used for patient care)

Account Administrator Mailing Address* (if different than the site address above)

* Include the country if not USA



License and Payment Information

Start Date:

Immediately

Future Date

Travax License

Quantity*

Unit Price

Total (USD)

* If ordering more than 1 license, attach page with the physical site address(es) where the additional license(s) will be used for patient care.

Payment Method

Invoice (net 30)

P.O. Number:

Credit Card

Visa

MasterCard

Discover

American Express

Name on Card:

Card Number:

Expiration Date (MM/YY): /

CCV Number:

Phone Number:

Billing Address:

Invoice Mailing Address* (if different than the site address or administrator mailing address)

ATTN:

Contact Email:

Contact Phone:

* Include the country if not USA



Learn more at www.shoreland.com

