Shoreland travax®

Travax Site License Order Form

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)
Travax SL	1	$975.00	$975.00

* 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: