Travax Site License Order Form

Note: Chrome does not save text in form fields correctly when this PDF is opened from the web link, filled out, and then saved as a download. Instead of downloading, choose Print and select the PDF print option, or save the file locally before filling it out and saving. Always reopen the form to confirm that your entries display correctly before emailing it to Shoreland. 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

Learn more at www.shoreland.com

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