



Life Record Inc.
403 West Broadway
Suite 133
Bloomfield, NM 87413
877.577.3727
<http://www.liferecord.com>

Life Record License Purchase Authorization

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

CCV (Three Digit Code on Back of Card): _____

Billing Address: _____

Authorized Charge: **\$9999.99**
Recurring Monthly Charge: \$0.00

You authorize the payment of \$9999.99 billed to the credit card above for an unlimited user license of the Life Record EMR software. This purchase includes one year of standard software updates for one licensed server and is subject to the Life Record EMR EULA.

This is a one-time charge, and there are no refunds for a Life Record License Purchase.

Other agreements are independent and separate of this agreement and require a separate signed authorization for additional services.

Please fax this signed document to 480.393.5911 to insure your Life Record EMR trial license does not expire.

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

Cardholder Signature