



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

**Life Record Purchase Authorization
(EFT / ACH Automatic Payment Withdraw)**

Name on Checking Account: _____

Check Routing Number: _____

Checking Account Number: _____

Account Address: _____

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

You authorize the payment of \$9999.99 to be drafted from the account above for the Life Record EMR software. Usage of named software is subject to the Life Record EMR EULA.

This is a one time charge as noted above, and there are no refunds for a Life Record EMR Software 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 activate your Life Record EMR software and begin practicing medicine in a whole new way.

YOU MUST ATTACH A VOIDED BLANK CHECK FROM THE ACCOUNT LISTED ABOVE FOR EFT AUTHORIZATION.

Account Holder Signature