

VIP e-Pharmacy Quick Registration Form

Hospital Information (if you have multiple locations, enter the information for the main or primary location here)

Name:	
Address 1:	
Address 2:	
City/St/ZIP:	
Phone:	
Fax:	

Contacts (one person may fill more than one role)

Owner:	
Phone:	
e-Mail:	
Technical:	
Phone:	
e-Mail:	
Billing:	
Phone:	
e-Mail:	

Internet Information (if none or unsure, leave blank)

Existing Website:	
ISP Name:	
ISP Contact:	
ISP Phone:	

Credit Card Information

Card Type:	Visa M/C AmEx
Card #:	
Expiration Date:	
Name on card:	
Billing Address:	

I understand that my credit card will be charged a one-time, non-refundable set-up fee of \$995, which includes domain name registration, set-up of my e-Pharmacy, and training. I also understand that my credit card will be billed \$99/mo., which includes unlimited training and support, hosting for my e-Pharmacy, and all future software updates/upgrades for the duration of my contract. This contract is for a minimum term of one year.

Client Sign _____ Title: _____

Client Print _____ Date: _____

Please fax to 631-493-1207 or mail to VIP, 6 Vandercrest Ct, Dix Hills, NY, 11746.