

PLEASE FAX SIGNED COPY TO:

**480-924-1974**

**ASP Account Change Form**

**Account Change is Being Requested By**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Add/Remove People From Account**

<b>Add/Remove</b>	<b>Name</b>	<b>Can Change # of Users</b>	<b>Can Change User Password</b>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Add <input type="checkbox"/> Remove <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Add/Remove User License to Account**

Add: \_\_\_\_\_ User License(s)

Remove: \_\_\_\_\_ User License(s)

Please provide the log-in names for the accounts you wish to remove:

\_\_\_\_\_

By signing this Order Form, I acknowledge that I have read and agree to the terms and conditions of the Application Terms of Service as well as the Service Level Policy, Support Policy and System Requirements all of which can be viewed and accessed at <http://www.totalmd.com/asp.html>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_