

Please fill out this form, scan, and email to [snipweb@snip.com](mailto:snipweb@snip.com)

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| <b>1 Subscription preferences</b>  |
| <b>Number of users</b><br><input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> other (indicate) |
| <b>Subscription term</b><br><input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years                          |
| <b>Notes</b>   |

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| <b>3 Payment plan</b>  |
| <b>Billing period</b><br><input type="checkbox"/> prepayment for the entire subscription term<br><input type="checkbox"/> annual |
| <b>Payment method</b><br><input type="checkbox"/> check <input type="checkbox"/> electronic funds transfer                       |
| <b>Billing address</b><br><input type="checkbox"/> Same as <i>Organization mailing address</i>                                   |

|                              |
|------------------------------|
| <b>2 Contact information</b> |
| Name of contact person       |
| Organization name            |
| Organization mailing address |
| Telephone                    |
| Fax                          |
| E-mail                       |
| Website address              |