## MISSION CRITICAL HEALTH TV

## **Order Form**

Contact Information:							
Organization Name			Т				
Primary Contact			Billing Contact				
Title			Title				
E-mail			E-mail (e-invoice)				
Shipping Address			Billing Address				
City		City					
State			State				
Zip Code			Zip Code				
Telephone			Telephone				
Fax			Fax				
Small orders of 5 devices of Device(s) will be shipped v Contact Questions@Mission	ia FedEx or U	S Postal (5-7 business da	ys) unless otherwise re	queste	d. Shipping		
Order Information:							
Item Description		Device Price		# of Units Requested			
No Annual Contract (90 Day Agreement)		\$200 USD / Device		#	X \$	=	
36 Month Subscription		FREE \$0 / Device 36 month commitment term		#	X \$	=_	/month
Association Discount (- \$10 /Device) Platinum Brand (\$2,500 setup fee)		\$10 /Device /Month /OptionPlatinum Brand (Select desired options on left)		#	x \$	=	/month
Dravida Dayment Press		This is not an invalue	Do not include nove	ont			

Payment Options (check one):  Monthly by Credit Card (Visa or MasterCard – complete below)  Monthly by Pre-authorized Debit		Annually by Invoice & check (on approved credit) Monthly by Invoice & check (minimum 15 devices, OAC) Quarterly by Invoice & check (minimum 5 devices, OAC)					
Method of Payment	OVISA 💌 OMASTERCARD 🗲	Card					
Cardholder's Name							
Card Number							
Expiration		Security Number					
Credit Card Billing Address							
City		State		Zip Code			
Cardholder's Signature							
Authorization:							

I authorizate MCTV to place this order on behalf of my organization. This order form represents acceptance of the terms & conditions and a binding order from my organization with Mission Critical Health TV (MCTV). I understand shipping costs will apply in addition to purchase of device and that payments are non-refundable. Failure to pay MCHTV invoices on a timely basis will result in termination of my/our account. The Account Holder is required to use MCHTV player device to access the services according to the Terms of Service, found at missioncriticalty.com. MCHTV shall have the right to identify the Account Holder as a customer on the MCTV website(s). Customer Support is available free of charge in accordance with our terms 7 conditions and support policy, found at missioncriticalty.com/supportpolicy. Device requires WiFi access, an HDMI-capable TV, MHL or USB power source input during WiFi setup.

Authorized Signature X	Date			
		DD	MMM	YYYY
Name & Title (Please Print)				

Return completed form to your Account Representative or email: questions@missioncriticaltv.com