



Cloud Order Form

Email signed copy to sales@dentimax.com or fax signed copy to (480) 924-1974

Check the cloud version for your office (There is a \$199 one time setup fee for each option):

Starter: \$49 / Month / Provider

Standard: \$99 / Month / Provider

Complete: \$199 / Month / Provider

Add DentiMax Texting: \$49.99/ Month / Location

Add Unlimited Texting: \$99.99/ Month / Location*

Add DentiMax Web Kiosk: \$29.99/ Month / Location**

Canadian/
International Software
With Cloud Imaging
(Fee not included)

Customer Information:	Cloud Account(s) Ordered By:
Practice Name: _____	Contact Name: _____
Street Address: _____	Position: _____
Phone Number: _____ Fax Number: _____	Direct Phone: _____
Office Email: _____	Contact Email: _____
Chosen Clearinghouse (if applicable): APEX DentalXChange	Account Password Change Security Questions: _____
Other: _____	Answer: _____

How many users will be accessing the software concurrently? _____

* Unlimited DentiMax Texting is for up to 3 providers/location

** Must have DentiMax Document Center to import data

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.dentimax.com/resources/files/>

Signature: _____

Date: _____