



# Max Cloud Order Form

Email signed copy to sales@dentimax.com or fax signed copy to (602) 532-7626

**There is a \$449 one time setup fee for the Max Cloud Package**

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      Other: _____	Account Password Change Security Questions: _____ Answer: _____
Merchant Services: CMS      Other: _____	

How many users will be accessing the software concurrently? \_\_\_\_\_

Unlimited DentiMax Texting is for up to 3 providers/location

I agree to a 24-month initial term which commences on the first day of the month following the month the setup fee is paid. Following the initial term, this agreement shall automatically renew for successive one year terms until either party provides the other party with at least a thirty (30) calendar days prior written notice of termination. Additionally, 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](#) which can be viewed and accessed at <https://dentimax.com/dental-software-downloads/>

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

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