



Texting and Web Kiosk Order Form

Please check the texting/online kiosk version for your office (\$199 one time setup fee):

DentiMax Texting: \$49.99/ Month / Location
DentiMax Unlimited Texting: \$99.99/ Month / Location
(up to 3 providers)

DentiMax Online Kiosk \$29.99 / Month / Location
DentiMax Online Kiosk & DentiMax Texting
\$69.99 / Month / Location
(Additional texts pass 1000 automatically billed at \$.05 cents per text at end of month to credit card on file)

Customer Information:	Texting 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: _____

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://dentimax.com/resources/files>

Signature: _____

Date: _____