



e-Anatomy

Site License Order Form

Group Subscription – USA/CANADA – USD

Date of Order _____

Institution Name _____

Main Contact / Group Administrator

First Name _____ Last Name _____

Position Title _____

E-mail Address _____

Telephone # _____

Fax # _____

Alternative Contact

First Name _____ Last Name _____

Position Title _____

E-mail Address _____

Telephone # _____

Fax # _____

Billing Address

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Pricing Information - USD

Tax Exempt Organization # (for NY State customers) _____

Orders from customers within NY State are subject to the State's Tax. It will be added to the following prices. If you are registered as an exempted organization, please enter your number above and send us a copy of your certification to avoid this tax charge.

Group Subscriptions Prices (USD) Please choose one

	Subscription	Price per user	Number of user	Total Price
<input type="checkbox"/>	U1: 1 to 5 Users	\$ 75		
<input type="checkbox"/>	U2: 6 to 10 Users	\$ 65		
<input type="checkbox"/>	G1: 11 to 25 Users			\$ 875
<input type="checkbox"/>	G2: 26 to 50 Users			\$ 1,250

Please contact us for a personalized quote

Payment Information - USD

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Wire Transfer
Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Name as Printed on Card _____ Card holder address _____ _____ ZIP _____ Country _____ Phone _____ Email _____ Credit Card # _____ Expiration Date ____/20____ CVV Security code _____ The following signature authorizes IMAIOS to charge the total amount of \$ _____ USD Cardholder's Signature _____	Please reference the invoice number when making a payment via wire transfer. Account Title: IMAIOS INC Account Number: 7813813201 Code ABA: 071922777 Code SWIFT: FAMBUS44 Bank : First American Bank 700 Busse Road Elk Grove Village, IL 60007 USA

Payment Terms: 30 Days

1.5% per month (18% per annum) service charge will be applied to all past due amounts together with attorney fees incurred in making collections. Also, if payment is not received within 30 days of invoice date, the access can be deactivated.

Place your order

Please mail, email or fax this document to:

IMAIOS
 Subscriptions Department
 MIBI
 672, Rue du Mas de Verchant
 34000 Montpellier
 FRANCE
 Fax: +33 9 57 42 25 46
 E-mail: contact@imaios.com

In order to set up your Group Subscription we also need your user list in Excel file format, please send it by email