

ORDER FORM OF ACUFILLER PROGRAM

AcuFiller Medical Software Company
4345 Rock Crest Road
Middleton, WI 53562

**** Please read the agreement carefully and sign before submit your order.**

Agreement: Acufiller program is created by AcuFiller Medical Software Company. Use of the program is governed by the terms of this agreement

1. The Acufiller may be used solely by the clinic that purchases the program.
2. The Acufiller may not be distributed or sold, rented, leased, or licensed to others.
3. The Acufiller may not be modified or altered in any way.
4. You agree to hold AcuFiller Medical Software Company harmless from and against any and all claims, liability, losses, costs and expenses (including attorneys' fees) incurred by use of the Acu-filler program.

I fully agree all terms described above and would like to purchase the Acufiller program.

A check of total of \$77.70 is enclosed (\$69.00 Acufiller
\$ 3.80 of sale tax
\$ 4.50 shipping and handling fee
Total: \$77.30)

Charge on my credit card
 Visa card Master card Discover card

Name of the cardholder _____

Address of the cardholder _____

Credit card number:

Expire Date (mm/yy) /

I understand the Acufiller program has a 30-day money-back guarantee after the purchase.

Signed by: _____; Date: _____

Print your name: _____

Your company's name: _____

Your company's phone# _____

Your company's address: _____
