



Access Order Form

BY SIGNING OR CLICKING BELOW INDICATING YOUR ACCEPTANCE OR BY ACCESSING OR USING THE SOFTWARE SYSTEM ("SOFTWARE") OPERATED BY BIO-TECH MEDICAL SOFTWARE, INC. ("BIOTRACK") PURSUANT TO CONTRACT #18PSX0210 ("CONTRACT") WITH THE STATE OF CONNECTICUT ("STATE"), YOU AGREE TO THE TERMS AND CONDITIONS SET FORTH BELOW, INCLUDING THE *END USER TERMS OF USE* PROVIDED WITH THIS ACCESS ORDER FORM, INCLUDING THE MONTHLY FEES DESCRIBED BELOW AND IN SECTION 1 OF *END USER TERMS OF USE*. OUR OBLIGATIONS WITH RESPECT TO THE SOFTWARE ARE SET FORTH IN THE CONTRACT.

Licensee Information			
Order Form Effective Date		Licensee (Business) Name	
UBI Number (if known)		Licensee Billing Address	
Price (per Location) (plus applicable tax)	\$35.00	Licensee Billing Email	
		Licensee Administrator	
		Licensee Admin Phone	
		Licensee Admin Email	

Location Information		
Authorized Business Location(s)	License Number	Address

Fees					
Software Service	Billing Frequency	Initial Term	Quantity	Price	Total
Traceability Access Fee	MONTHLY	MONTHLY	Per Location	\$35.00	\$35.00 per Location

Payment Terms The following additional fees will apply: (i) applicable taxes and (ii) unless prohibited by applicable law, a fee of 3.5% will be applied to all payments made with a credit card.

Payment Method **Credit Card:** Please complete the **Credit Card Authorization form** below.

PLEASE RETURN EXECUTED ACCESS ORDER FORM TO CTADMIN@BIOTRACKTHC.COM

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LICENSEE:

Signature

Name:

Title:

Date:

Credit Card Authorization (if applicable)

IN CONNECTION WITH THE ACCESS ORDER FORM TO WHICH THIS AUTHORIZATION IS ATTACHED, YOU AUTHORIZE THE FOLLOWING SCHEDULED CHARGES TO YOUR CREDIT CARD. FOLLOWING THE INITIAL PAYMENT (AS DEFINED BELOW), YOU WILL BE CHARGED THE AMOUNTS INDICATED BELOW FOR EACH MONTHLY AND ANNUAL BILLING PERIOD (AS APPLICABLE). A RECEIPT FOR EACH PAYMENT WILL BE PROVIDED TO YOU AND THE CHARGE WILL APPEAR ON YOUR CREDIT CARD STATEMENT. YOU AGREE THAT NO PRIOR-NOTIFICATION WILL BE PROVIDED UNLESS THE DATE OR AMOUNT CHANGES, IN WHICH CASE YOU WILL RECEIVE NOTICE FROM US AT LEAST TEN (10) DAYS PRIOR TO THE PAYMENT BEING COLLECTED. THE UNDERSIGNED AUTHORIZES BIO-TECH MEDICAL SOFTWARE, INC. ("BIOTRACK") TO CHARGE THE CREDIT CARD INDICATED BELOW THE MONTHLY SUM OF \$35 PER LOCATION BEGINNING ON THE "ORDER FORM EFFECTIVE DATE" AND CONTINUING ON THE SAME DAY OF EACH MONTH THEREAFTER (THE "MONTHLY PAYMENTS"), AND TO CHARGE MY CREDIT CARD AN ADDITIONAL ANNUAL SUM OF \$0 BEGINNING ON EACH ONE-YEAR ANNIVERSARY OF THE GO LIVE DATE AND CONTINUING ON THE SAME MONTH AND DAY OF EACH YEAR THEREAFTER (THE "ANNUAL PAYMENTS").

Card Details:

- Visa MasterCard
- Discover American Express

Cardholder Street Address:

Cardholder City, State, Zip:

Cardholder Phone:

Cardholder Email:

Cardholder Name:

CC Account Number:

CC Month/Year:

CVV:

Billing Zip:

I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I CANCEL IT IN WRITING, AND I AGREE TO NOTIFY BIOTRACK IN WRITING OF ANY CHANGES IN MY ACCOUNT INFORMATION OR TERMINATION OF THIS AUTHORIZATION AT LEAST FIFTEEN (15) DAYS PRIOR TO THE NEXT BILLING DATE. IF THE ABOVE NOTED PAYMENT DATES FALL ON A WEEKEND OR HOLIDAY, I UNDERSTAND THAT THE PAYMENTS MAY BE EXECUTED ON THE NEXT BUSINESS DAY. I ACKNOWLEDGE THAT THE ORIGINATION OF CREDIT CARD TRANSACTIONS TO MY ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT CARD AND WILL NOT DISPUTE THESE SCHEDULED TRANSACTIONS; SO LONG AS THE TRANSACTIONS CORRESPOND TO THE TERMS INDICATED IN THIS AUTHORIZATION FORM. BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE THAT I HAVE BEEN PROVIDED WITH A COPY OF THIS RECURRING CREDIT CARD PAYMENT AUTHORIZATION FOR MY RECORDS.

Cardholder's Signature

Date

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1. FEES. AS A CONDITION OF YOUR ACCESS AND USE OF THE SOFTWARE, YOU SHALL PAY TO BIOTRACK A MONTHLY FEE EQUAL TO **THIRTY-FIVE DOLLARS (\$35)**. YOU ARE ALSO RESPONSIBLE FOR THE PAYMENT OF ALL APPLICABLE TAXES WITH RESPECT TO FEES HEREUNDER. ALL FEES ARE NON-REFUNDABLE. FAILURE TO MAKE THE MONTHLY PAYMENT MAY PRECLUDE YOUR ABILITY TO ACCESS THE SOFTWARE.

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