

COMPANY INFORMATION AND CAIREVIEW SET-UP INFORMATION

BUSINESS NAME:

ACCOUNT NUMBER:

BUSINESS BILLING ADDRESS:

OBTAIN SYNSORMED BAA SIGNED BETWEEN SALES MANAGER AND PROVIDER* (check box upon receipt):

**Temporary password cannot be provided without signed BAA.*

BUSINESS GLOBAL ADMIN EMAIL ADDRESS:

FIRST NAME:

LAST NAME:

GLOBAL ADMIN TEMP PASSWORD:

(Password must contain at least 8 characters, one number and one special character.)

HOW MANY BRANCHES DO YOU HAVE WITHIN YOUR BUSINESS?

LIST ALL THE BRANCH NAMES AND ACCOUNT NUMBERS (if account number is the same as Business Account, then state SAME.)

BRANCH NAME	BRANCH ACCOUNT #	ADMIN FIRST NAME	ADMIN LAST NAME	ADMIN TEMP PASSWORD
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CAIREVIEW PORTAL LINK: portal.caireview.com

TERMS AND CONDITIONS: By signing this Sales Form, the Customer listed above agrees to license and pay for the CAIREview™ Software as a Service on a per patient basis ("Patient License") as set forth herein. CAIRE Inc. ("CAIRE") will generate an invoice the first week of each month at the price of \$ _____ per License activated during the prior month. Customers may assign only one patient per Patient License, but up to 5 devices (i.e. concentrators*) can be linked to each Patient License. All orders for CAIREview™ and associated CAIRE equipment, Patient License or services, as applicable are expressly governed and subject to the CAIRE Software as a Service Agreement available online at <http://www.caireview.com>, ("SaaS Agreement") in effect at the time of this purchase. The SaaS Agreement is incorporated herein by reference into this Sales Form and any resulting orders or subsequent Sales Forms. Before accessing CAIREview™, the Customer, through its authorized representative, will be required to sign and agree to the SaaS Agreement. CAIRE accepts all orders conditional upon the CAIRE SaaS Agreement solely governing all CAIREview™ transactions, and all other terms and conditions are expressly rejected.

COMPANY: CAIRE Inc.

COMPANY:

NAME:

NAME:

TITLE:

TITLE:

SIGNATURE:

SIGNATURE:

DATE:

DATE: