

COMPLETE™ CLINIC SOFTWARE
1217 Lipscomb Drive, Brentwood, TN 37027
(800) 989-6576 Fax (615) 373-0334

Order for ID Card Services

I hereby subscribe to Complete Clinic Software patient ID card services and authorize Complete Clinic Software to print and mail ID cards to my clients based on data files containing photos and data transmitted by us. The charge for this service is \$3.00 per card plus first class postage costs prevailing at the time cards are mailed. I authorize the cost of the service to be charged to the credit entered below. I understand that Complete Clinic Software will mail the ID cards within 2-5 business days form receipt of the file and will send me a confirming invoice when ID cards have been mailed and my credit card has been charged.

Clinic Name _____

Owner _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Payment by: _____ Master Card _____ VISA _____ Discover _____ AMEX

Card Num _____ Exp Date _____

Signature _____ Date _____

Return the completed form to Complete Clinic Software along with a copy of the back of the card and the letter marked with the changes you want and your logo file. Complete Clinic Software will respond in 5 days or less with proof copies of the card and letter for your approval.