

MV Professional Nutrition Suite™ Order Agreement Group Edition (Multiple Dietitian Users)

I, _____, would like to order the MV Professional Nutrition Suite (MVPNS), multiple user, Group Edition, software subscription and services. (Please mark your intentions below).

I will license the MVPNS for multiple (Dietitian) users at the same location. (Mark one payment plan below)

I choose to make monthly payments of \$ _____

| | |
|---|---------------------------|
| Multiple RDs are: \$52 plus \$22 for each additional RD | |
| 2 dietitians: \$74/month | 4 dietitians: \$118/month |
| 3 dietitians: \$96/month | 5 dietitians: \$140/month |

I choose to make annual payments of \$ _____

| | |
|---|---------------------------|
| Multiple RDs are: \$589 plus \$239 for each additional RD | |
| 2 dietitians: \$828/year | 4 dietitians: \$1306/year |
| 3 dietitians: \$1067/year | 5 dietitians: \$1545/year |

I also agree to pay an additional \$9.50 registration fee for each online MV Professional Nutrition Suite user account all staff initiate and \$3.50 per month per active account that is at least 30 days old. I will make payments using the payment method marked below.

The Support Maintenance Agreement (SMA) includes updates, telephone, online and email technical support, and replacement of lost or damaged software. The SMA is part of this service package. I will be **automatically invoiced** within 30 days of the anniversary date of this agreement.

30 Day Policy: If for some reason during the first 30 days after the date of this agreement, I choose to cancel the MVPNS, I will be refunded my payment less a \$50.00 handling/restocking fee.

I also understand that this agreement will automatically renew every 12 months but that I have the right to cancel it at any time. If I cancel this agreement after the first 30 days but less than the first 12 months, a cancellation fee will be charged (not to exceed the value of a 1 year subscription).

I understand the MVPNS products and services are owned and copyrighted by Gobble, Shults & Associates, Inc. (also known as Medical Nutrition Therapy Northwest) and Nutrition 4 You LLC and therefore must be treated like any other copyrighted material (e.g. a book or musical recording).

My signature below indicates that I understand and agree with the above statements and marked items.

Signature: _____ Today's Date: _____

Print name: _____

Please provide the following information: (if using a credit card, use credit card address in 'Bill to')

| | Bill To: | Ship To: |
|-----------------------|----------|----------|
| Name | | |
| Company Name | | |
| Address | | |
| City, State, Zip Code | | |
| Phone | | |
| e-Mail | | |

Type of payment (choose a form of payment and fax back or mail your order to the address below)

MasterCard Visa Am Exp Check Money Order Personal or Business Check (fax check with order)

Card No. _____ (please print carefully) Expiration date: _____

Signature: _____