

Dealer Authorization

I authorize 1450, Inc. to charge the credit card listed above for their products and services. I agree to resell to only end-users or as permitted by other agreements. If the products and/or services are used for any other purpose, I will be responsible for the appropriate sales tax. I personally agree to be responsible for all purchases made by the company listed above. All costs of collection will be borne by the purchaser. Please contact our Accounting Department to discuss Credit Card Terms.

Signature _____

Date _____

Title _____

Additional Information

Number of Years in Business _____

Number of Employees _____

How are Your Employees Categorized _____

Sales, Support, Etc.

Experience in Speech Recognition _____ If yes, _____ years and _____ products.

Experience with Electronic Medical Records (EMR) _____ If yes, _____ years.

List name of EMR(s) _____

Vertical Markets Served _____

Medical, Legal, Business, Insurance, Etc.

Gross Annual Sales: Hardware _____ Software _____ Consulting _____

How Did You Hear About Us _____

Additional Comments _____

THANK YOU FOR YOUR BUSINESS!