



FreeAV Calculator User Request Form

New Change Term

Effective Date _____

Agency Information

Name of Agency _____

Address _____

State _____ Zip Code _____

Phone Number _____

License and User Information

Subscription type:

Professional (1) Agency (up to 10) Enterprise (up to 50)

User's Name

Email Address

Add <input type="checkbox"/>	_____	_____
Edit <input type="checkbox"/>		
Delete <input type="checkbox"/>		
Add <input type="checkbox"/>	_____	_____
Edit <input type="checkbox"/>		
Delete <input type="checkbox"/>		
Add <input type="checkbox"/>	_____	_____
Edit <input type="checkbox"/>		
Delete <input type="checkbox"/>		
Add <input type="checkbox"/>	_____	_____
Edit <input type="checkbox"/>		
Delete <input type="checkbox"/>		
Add <input type="checkbox"/>	_____	_____
Edit <input type="checkbox"/>		
Delete <input type="checkbox"/>		

Contribution Health

Add
Edit
Delete

Add
Edit
Delete

Add
Edit
Delete

Payment Terms

Payment Method:

Check Credit Card ACH

Invoice Contact Information

Contact Name _____

Email Address _____

Invoices will be sent out by the 15th of every month and are required to be paid within fifteen (15) days.

Agency Signature

Date