

iWave Information Systems

Increase Your Fundraising Success!

28 Hillstrom Ave., Charlottetown, PE Canada C1E 2C5

Phone 1.800.655.7729 Fax 866.718.3322

Email prohelp@iwave.com




Organization Name:	
Primary Contact:	Billing Contact:
Title:	Title:
Email:	Email (for electronic invoicing):
Address:	Address:
City:	City:
State/Prov:	State/Prov:
Country:	Country:
Zip/Postal Code:	Zip/Postal Code:
Telephone:	Telephone:
Fax:	Fax:

SUBSCRIPTION OPTIONS	QTY	UNIT PRICE	TOTAL
Each Additional User License		\$650.00	
(Applicable to Canadian customers only) GST			
Total			

I have authorization to sign this contract on behalf of my organization. This order form represents a binding contract between my organization and iWave Information Systems Inc. and their service, Prospect Research Online. The Licensee and its registered users are required to use Prospect Research Online according to its License Agreement. Due to contractual obligations with data providers, subscriptions *cannot* be cancelled for any reason. Training is available free of charge to registered users throughout subscription period. Prospect Research Online is designed and tested to work in the most current version of Windows Internet Explorer®. We do not support Firefox®, Opera®, Netscape® and other browsers or other operating systems.

Authorized Signature X.....

Please Print..... **Date**.....

METHOD OF PAYMENT: <input type="checkbox"/> VISA  <input type="checkbox"/> MASTERCARD  <input type="checkbox"/> AMERICAN EXPRESS  <input type="checkbox"/> CHEQUE (Payable to iWave Information Systems Inc.)
CARDHOLDERS NAME (print):
ACCOUNT NUMBER:
EXPIRATION DATE:
CARDHOLDERS SIGNATURE X:
OFFICE USE ONLY:
Acct. Mgr: _____ CSR Mgr: _____ New User: <input type="checkbox"/> Renewal: <input type="checkbox"/> ST: <input type="checkbox"/> SMA: <input type="checkbox"/>

For prompt service and activation please fax completed order form to 1-866-718-3322 or 902-894-2659
Important - Please fill in required registered user information on the following page. User conditions are outlined on Page 2.

Thank you for your Business!

Prospect Research Online (PRO) Registered Users Form.

Due to our data provider agreements, additional users cannot be added when:

- The additional user(s) works at another nonprofit.
- The additional user(s) works at the same nonprofit but each location has a different EIN # (Canadian BIN #).
- The additional user(s) are located in different states/provinces.
- Additional user(s) does not have the same email extension. (i.e. @nonprofit.org)

* Please note that additional users added during a subscription period cannot be pro-rated due to our contractual obligations to our data providers.

REGISTERED USER 1: (ALL FIELDS ARE REQUIRED) Registered user is the same person as primary contact on page 1

Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 2: (ALL FIELDS ARE REQUIRED)

Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 3: (ALL FIELDS ARE REQUIRED)

Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 4: (ALL FIELDS ARE REQUIRED)

Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 5: (ALL FIELDS ARE REQUIRED)

Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

USER UPGRADE ORDER FORM

REGISTERED USER 6: (ALL FIELDS ARE REQUIRED)	
Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 7: (ALL FIELDS ARE REQUIRED)	
Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 8: (ALL FIELDS ARE REQUIRED)	
Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 9: (ALL FIELDS ARE REQUIRED)	
Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

REGISTERED USER 10: (ALL FIELDS ARE REQUIRED)	
Name:	Title:
Address:	City:
State/Prov:	Zip/Postal Code:
Country:	Telephone:
Fax:	Email: <input type="checkbox"/> PC or <input type="checkbox"/> MAC user?

For prompt service and activation please fax completed order form to 1-866-718-3322 or 902-894-2659
Important - Please fill in required registered user information.

Thank you for your Business!