

| VERALYTIC REPORT REQUEST  |        |             |                  |       |
|---|--------|-------------|------------------|-------|
| PRODUCT SELECTION   |        |             |                  |       |
| Product   |        | Price       | Quantity         | Total |
| □ Sign me up as a Multi-User Subscriber   |        | \$99/month  |                  |       |
| Sign me up as a Single-User Subscriber  |        | \$199/month |                  |       |
| Veralytic Report (NON Subscriber)   |        | \$500       |                  |       |
| Veralytic Report (Subscriber)   |        | \$125       |                  |       |
|   |        |             |                  | \$    |
| CONTACT INFORMATION   |        |             |                  |       |
| Name:   |        |             |                  |       |
| Company name:   |        |             |                  |       |
| Company address:  |        |             |                  |       |
| City:   | State: |             | ZIP Code:        |       |
| Phone:  | Fax:   |             |                  |       |
| E-Mail:   |        |             |                  |       |
| Please check here if this is the information to appear on the report cover page |        |             |                  |       |
| Please indicate if there are any special instructions:                          |        |             |                  |       |
|   |        |             |                  |       |
|   |        |             |                  |       |
| BILLING DATA ( CHECK IF ALREADY A SUBSCRIBER )                                  |        |             |                  |       |
| Promotional Code:   |        |             |                  |       |
| Billing Address:  |        |             |                  |       |
| ity: State:   |        | •           | ZIP Code:        |       |
| Phone: Fax:   |        |             |                  |       |
| E-Mail:   |        |             |                  |       |
| Credit Card Type: (Select One) American Express MasterCard Visa                 |        |             |                  |       |
| CC Number:  |        |             | Expiration Date: |       |
|   |        |             |                  |       |
| Signature: X  |        |             |                  |       |
|   |        |             |                  |       |