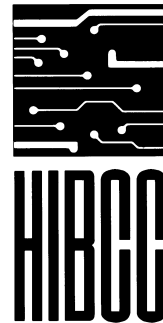


# ***HIN<sup>®</sup> SYSTEM SUBSCRIPTION FORM*** **(Animal Health)**

**Health Industry Business  
Communications Council**

2525 E. Arizona Biltmore Circle  
Suite 127  
Phoenix, Arizona 85016  
602.553.8552  
FAX: 602.381.1093  
Website: [www.hibcc.org](http://www.hibcc.org)  
Email: [info@hibcc.org](mailto:info@hibcc.org)



**SECTION A. INSTRUCTIONS FOR COMPLETING FORM**

Please complete Sections A., B., C., D., and E. Return this form along with a signed Data License Use Agreement (attached) and the appropriate Initial Access Fee (Section E) to:

HIBCC  
2525 E. Arizona Biltmore Circle  
Suite 127  
Phoenix, AZ 85016  
Phone: 602-553-8552 Fax: 602-381-1093

**SECTION B. COMPANY INFORMATION**

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**SECTION C. SHIPPING INFORMATION**

Database distributions are shipped Ground via USPS.

Please complete the following if shipping information is different from Company Information in Section B.

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_



**SECTION F. PAYMENT INFORMATION**

Please charge my:     Visa         MasterCard     American Express

---

CREDIT CARD NUMBER

EXPIRATION DATE

CSV/CID CODE

---

CARDHOLDER'S NAME (as it appears on the card)

CARDHOLDER'S SIGNATURE

---

CARDHOLDER'S ADDRESS

---

CARDHOLDER'S CITY

STATE

ZIP/POSTAL CODE

Please invoice me directly. Attached is my Purchase Order. P.O.# \_\_\_\_\_

Enclosed is a check or money order in the amount of \$\_\_\_\_\_

Return this form along with a signed Data License Use Agreement and payment information to:

HIBCC  
2525 E Arizona Biltmore Circle, Suite 127  
Phoenix, Arizona 85016

Phone: 602-553-8552

Fax: 602-381-1093