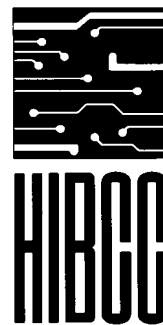


***HIN[®] SYSTEM AUTHORIZED
LICENSEE APPLICATION
(Animal Health)***

**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
Email: 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 Use License 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 D. MEDIA SPECIFICATIONS

Media Preference - CD-ROM

- Layout:** ρ ASCII Comma-Delimited
ρ ASCII Fixed Block

SECTION E. AUTHORIZED LICENSEE CATEGORY AND FEE

<u>Company Type</u>	<u>Initial Access Fee</u>	<u>Annual License Fee**</u>
ρ Manufacturer		
<u>Previous Fiscal Year Gross Sales (please sign below):</u>		
ρ To \$10 Million	\$5,000	\$3,000
ρ Above \$10 Million	\$7,500	\$4,000

By signing below I certify sales specified and category indicated to be correct and in accordance with the guidelines stated above.

Signature of Official Representative	Title	Date
--------------------------------------	-------	------

ρ Wholesale/Distributor		
ρ 30+ Locations	\$7,500	\$3,000
ρ 6-29 Locations or sales above \$10 Million	\$5,000	\$2,000
ρ 1-5 Locations or sales below \$10 Million	\$2,000	\$1,000

By signing below I certify sales specified and category indicated to be correct and in accordance with the guidelines stated above.

Signature of Official Representative	Title	Date
--------------------------------------	-------	------

ρ Animal Health Clinics, Veterinarians and other Provider Organizations	\$1,000	\$1,500
ρ Data Reselling Organizations, Associations, Consulting Firms	\$7,500	\$4,000

By signing below I certify sales specified and category indicated to be correct and in accordance with the guidelines stated above.

Signature of Official Representative	Title	Date
--------------------------------------	-------	------

