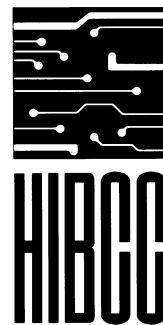


***HIN[®] SYSTEM AUTHORIZED
LICENSEE APPLICATION
(Animal Health)***

**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 (Bill To)

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 () _____
E-Mail Address _____

SECTION D. MEDIA SPECIFICATIONS

Media Preference - CD-ROM

Layout: ASCII Comma-Delimited ASCII Fixed Block

SECTION E. AUTHORIZED LICENSEE CATEGORY AND FEE

<u>Your Company Type</u>	<u>Initial Access Fee</u>	<u>Annual License Fee*</u>
--------------------------	---------------------------	----------------------------

** Invoiced in quarterly installments, beginning with the first calendar quarter following the date of distribution of the initial CD.*

*** Processing fees may apply, invoiced monthly. Refer to the HIN request submission guidelines available at HIBCC's HIN resource center or click [here](#) for detailed information.*

Manufacturer / Wholesaler / Distributor

Previous Fiscal Year Gross Sales (please sign below):

<input type="checkbox"/> To \$10 Million	\$5,000	\$3,000
<input type="checkbox"/> 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
--------------------------------------	-------	------

Animal Health Clinics/Facilities, Veterinarians and other Provider Organizations \$1,000 \$1,500

Data Handling/Intermediary Organizations, Associations, Consulting Firms, Retailers, Online Businesses \$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
--------------------------------------	-------	------

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 Use License Agreement and payment information to:

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

Phone: 602-553-8552 Fax: 602-381-1093