

# KNOXCONNECT® SOFTWARE NEW REGISTRATION/PROGRAM FORM

Please check a box below:

**NEW REGISTRATION:**                      **PROGRAM UPDATE:**    **DATE:** \_\_\_\_\_

- 1. SOFTWARE:**                      KnoxConnect Cloud                      KnoxConnect Local (KeySecure 5 only)
- 2. CLOUD TERM:**                      1 Year                                      3 Years                                      Other \_\_\_\_\_
- 3. DEVICE(S):**                      KeySecure 5                                      KeySecure 6/KeyDefender                                      MedVault/StationVault

**4. DEPARTMENT INFORMATION:**

Department Name: \_\_\_\_\_ System Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different than the street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**5. CHIEF/DEPUTY CHIEF OR AUTHORIZED POINT OF CONTACT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. PRIMARY KNOXCONNECT ADMINISTRATOR:** The individual responsible for overseeing the related activities for KnoxConnect (Managing users and configuring KeySecures and/or MedVaults)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**7. BILLING CONTACT:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMAIL, MAIL OR FAX COMPLETED FORM TO THE KNOX COMPANY - ATTN: RECORDS**

EMAIL: **RECORDS@KNOXBOX.COM**

MAIL: **1601 W. DEER VALLEY RD., PHOENIX, AZ 85027**

FAX : **623.687.2296**

