KNOXCONNECT™ SOFTWARE NEW REGISTRATION/PROGRAM FORM

Please check a box below:

NEW REGISTRATION: ☐ **PROGRAM UPDATE:** ☐

1. SOFTWARE: ☐ KnoxConnect Cloud ☐ KnoxConnect Local (KeySecure 5 only)

2. CLOUD TERM: ☐ 1 Year ☐ 3 Years ☐ Other _____

3. DEVICE(S): ☐ KeySecure 5 ☐ KeySecure 6 ☐ MedVault 2.5

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**

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