

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/KeyDefender | 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**

