



LAGEN ASSIST

SUBSCRIPTION FORM

Assist – Lagen Spatial’s technical support package.
Upon receipt of this form, we will send you a letter with your contract details, including your technical support registration number.

PLEASE FAX THIS FORM (2 pages) TO +61 2 9545 7741

NEW ORDER **RENEWAL** registration number (existing subscribers) _____

COMPANY INFORMATION			
Company Name			
Delivery Address		Postal Address	
City	State	Postcode	
Phone		Fax	

User Detail – 1 main contact per subscription		
Name		
Position		
Phone	Fax	E-mail

Lagen Assist Level – Please Tick the appropriate Box
<input type="checkbox"/> ELITE – 20 Service Days, 48 hours Response Guarantee, 15 hours Support time (Phone, Web, or Email) <input type="checkbox"/> PRESTIGE – 10 Service Days, 1 week Response Guarantee, 10 hours Support time (Phone, Web, or Email) <input type="checkbox"/> PREFERRED – 5 Service Days, 2 weeks Response Guarantee, 5 hours Support time (Phone, Web, or Email)

Method of Payment
<input type="checkbox"/> Cheque or Money order enclosed for \$ _____ (Please make Cheque Payable to “Lagen Spatial Pty Limited”) Cheque Reference Number: _____ <input type="checkbox"/> EFT: Westpac Banking Corporation, Miranda, NSW 2228 BSB: 032-154 Account Number: 56-2192 <input type="checkbox"/> Please Provide an Invoice to the above address

- Conditions:**
1. Lagen Assist does not provide technical support for hardware, except to answer questions of how standard devices interface to MapInfo or Safe Soft Software Products.
 2. Lagen Assist is limited to unmodified MapInfo and Safe Software (except if Lagen Spatial has customised the Software).
 3. Support is in 12 months increments payable in Advance, based on the date of order is issued.
 4. Consultant’s expenses such as travel and accommodation are not included for any Service days.
 5. Should there be a lapse in payment, all past fees due must be paid to restart the Support.
 6. Fees for Support Services are non-refundable.

Authorisation: I have read and agree to the conditions outlined above. On behalf of the company, I confirm the above order.

Name: (please print) _____ Position: _____

Signature: _____ Date ____ / ____ / ____



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Please completed to allow the below people to have access and authority to your ASSIST Program. Without authority from either of these people, access and use of your ASSIST Program will not be granted.

Authorised Users for Service Days (maximum 3 people)

Authorised User 1		
Name:		
Position:	Phone:	Fax:
Email:		

Authorised User 2		
Name:		
Position:	Phone:	Fax:
Email:		

Authorised User 3		
Name:		
Position:	Phone:	Fax:
Email:		

Authorised Users for Support Time (maximum 3 people)

Authorised User 1		
Name:		
Position:	Phone:	Fax:
Email:		

Authorised User 2		
Name:		
Position:	Phone:	Fax:
Email:		

Authorised User 3		
Name:		
Position:	Phone:	Fax:
Email:		

Name: (please print) _____ Position: _____

Signature: _____ Date ____ / ____ / ____

Authorisation:

The above people have been given authority to use _____ (insert Company name) Assist Program, and have read and agreed to the Terms and Conditions of the Program as outlined on the previous page.