

CMR System Order Form

Please fax or mail this completed form along with your check for \$295 to:

CMR System
Customer Service
PMB 296 at 816 Elm Street
Manchester, NH 03101

Fax: (603) 218-6624
Phone: (603) 935-8809
Email: info@cmrsystem.com
Website: www.cmrsystem.com

Sponsor Contact Information

Please enter the name, phone and city/state of the Sponsor that introduced you to the CMR System:

Name: _____

Phone: _____

City/State: _____

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

*Please make your check for \$295 payable to: **CMR System***

*If you are submitting this form via fax, please affix the original, completed, dated, and signed check here and fax it to **(603) 218-6624** and keep the original check for your records.*

If you are submitting this form via mail, please enclose your check along with the completed form and mail it to:

CMR System
Customer Service
PMB 296 at 816 Elm Street
Manchester, NH 03101

Attached is my check in payment for my one-time fee for online use of the CMR System in accordance with the User Agreement posted at www.cmrsystem.com. If submitted via fax, I hereby authorize you to re-print and deposit a "no signature required" check from the fax copy of my original, signed check affixed above. I will keep my original check, as my record of payment. I am responsible for any/all collection costs for any check returned for insufficient funds or any other reason. Please email a confirmation to the email address I have provided above and issue my username and password for online access.

SIGNATURE : _____

Please Print Name: _____

Date: _____