

INSTALL ORDER

Phone: (717) 657-8200 Fax: (717) 795-7762

Date	Lead #	MM Customer ID#	WO Time	Customer PO#
SECTION 1				
Organization Name:				
Address:				
City/State/Zip Code:				
Station Phone:			Station Fax:	
County:			Web Site:	
Region:	Region Name:		Affiliate No.	
Print Out Name: (32-35 characters)				
(This is the actual printed organization name on the side of the PCR)				
<input type="checkbox"/> EMS <input type="checkbox"/> Fire/EMS <input type="checkbox"/> Fire <input type="checkbox"/> Hospital <input type="checkbox"/> Education <input type="checkbox"/> Government ALS BLS Combined <input type="checkbox"/> Billing Company				

SECTION 2				
Name				
Home Address				
City/State/Zip Code				
Position/Title:		Phone:		Mobile Phone:
Email:				

SECTION 3				
Annual Call Volume:		Billable Calls:		Number of Stations:
N/A		N/A		N/A
Current Charting Method:		Current Billing Company:		CAD Vendor:
N/A		N/A		N/A
Internet Access Available?		Computer Hardware:		Operating System:
Yes No				W2000 XP Pro

Med-Media Use Only			
Selling Price:		Invoice #:	
Salesperson:		Renewal Month:	
Date Shipped:		Renewal Amount:	
Shipper:		#EMStat CALS	
Shipped By:		Other Products	

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