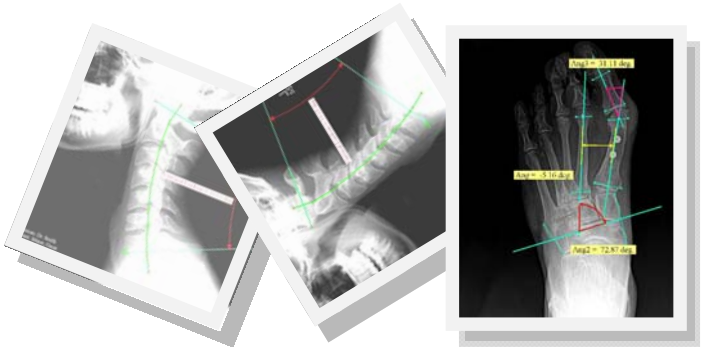

METRON SUPPORT SERVICES

Metron Annual Upgrade & Support **Signup Form**

METRONMD

Thank you for ordering Metron Imaging Software and Support Services. Please fill out the items in **red** below then fax to 800-757-0246 or click the "Submit" button below to email your completed form to metron@metronsupportservices.com. **All information is required and will only be used to send Metron-related education content and account communication.** We look forward to working with you and helping you achieve great images with Metron Imaging Software!

Client Information (Please print)

Today's Date: _____

Practice Name: _____

Practice Address: _____

City: _____ **State/Province:** _____

Country: _____ **Zip/Postal Code:** _____

Contact Name: _____

Contact Phone: _____

Contact Email: (required) _____

Dealer Name: _____

X-Ray Hardware (Please check one): ☐ **Alara** ☐ **AllPro** ☐ **DRTech** _____
☐ **Other** _____

If you are using AllPro:

- **Are you upgrading from another software program?** (Please check one): ☐ **YES** ☐ **NO**
  - o **If yes, enter software program:** _____

By checking the box in front of the "I accept", you agree to the Terms/Conditions outlined on the Metron Support Services Terms and Conditions Page.

☐ **I ACCEPT. *Let's get started!***

The Metron Support Services is an annual renewal service. We will contact you via email before your annual renewal date to order a subsequent year of support and software upgrades.

Submit ▶

Corporate Office 2701 Larsen Road, Suite 142, Green Bay, WI 54303
Phone (877) 638-3868 ▪ Fax (800) 757-0246 ▪ Web www.metron-imaging.com