EMS ORDER FORM (ALL FIELDS ARE REQUIRED)					
Customer Information					
Name of Customer:					
Address:					
City: State/Province:			Postal Code:	Country:	
Billing Address (If different from a	above):				
Primary Contact:					
Phone Number:			Email Address:		
Service Information					
Eze EMS Levels of Service			Eze EMS Monthly Fee		
Pro (for Professional or Non-Professional Customers)			\$300 per terminal per month (Permits receipt of Eze Market Data from one Region)		
Region Fee for Eze Market Data					
First Region			Included in EMS Monthly Fee		
Second Region			\$150 per terminal per month		
Third Region			\$100 per terminal per month		
Additional Services					
Eze EMS API (Requires Eze EMS Pro)			Please contact contentsales@ezesoft.com for more information.		
Delayed Data			\$40 per terminal per month		
Source Fees and Data Infrastructu	re Fees are invoiced	monthly per termina	al in addition to the above fe	es.	
Payment Information					
Pay by Credit Card: Please of	heck the box if you v	vish to pay by credit	card and an Eze representat	ive will contact you directly.	
Pay by Check (Payable to Eze Castl	e Software LLC)				
Mail to: Eze Castle Software LLC, P	P.O. Box 412546, Bos	ton, MA 02241-2546	5		
Customer's Authorized Signature (REQUIRED)				Date (REQUIRED)	
	-			1	
		For Inte	ernal Use Only		
		APPROVED:			

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