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Basic School Subscription

Name of School: _____
School Address: _____
City: _____ State: _____ Zip code: _____
Phone number: _____ Fax: _____
Grade Levels: _____ Student Population: _____ Number of Teachers: _____

Basic School Subscription: \$50 for 12 months

Contact Person's E-mail Address: _____
(You will receive an e-mail at this address confirming your subscription, including your school's User ID and Password.)
Contact Person's Full Name: _____

Log-in information

(ID and Password: a minimum of 3 letters or a combination of 3 letters/numbers.)
Student access is 8 a.m. to 5 p.m., Monday through Friday for 12 months.

Preferred Log-in User ID: _____ (case sensitive)
Preferred Log-in Password: _____ (case sensitive)

Purchase Order Number _____

OR _____ **Mastercard** _____ **Visa**

Credit card number: _____

Expiration month: ____ year: ____ Security digits: ____

Name on Card _____

Signature: _____

Is the card's BILLING address the same as the school address? ____ yes ____ no

If not: Street address _____

City _____ State _____ Zip _____

I have read the following terms and accept them:

A Basic School Subscription provides access for **all students and staff in one school** during normal school hours. The activation time is **8:00 a.m. to 5:00 p.m.**, your local time, **Monday through Friday**, for 12 months. The User ID and Password may be shared with students and staff. If requested, the activation time may be adjusted to meet the needs of your school.

Signature: _____ Date: _____

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