



PREMIUM SUBSCRIPTION APPLICATION

Please Print	Last Name	First Name
Municipality Legal Name		
Mailing Address	Province	Postal Code
Telephone	Email	
Signature	Date	

I hereby apply for subscription service to, and agree to the Terms of Service outlined at <https://www.gobydesign.com/gobydesignmdterms/>.

Referred By (Print Name)	Municipality Name
--------------------------	-------------------

Initial Accounts – Note that Administrators can add additional user accounts.

Role	Email address	First Name	Last Name
Administrator 1			
Administrator 2			
User 1			
User 2			
User 3			

PAYMENT OPTIONS:

- Credit Card (complete credit card authorization form)
- Monthly Invoice (return this form to accounting@gobydesign.com)

'GoByDesignMD Premium' Subscription

Municipality Population	Max. No. Users*	Subscription	Check One
0 – 2,500	2	\$49 / month	<input type="checkbox"/>
2,501 – 5,000	4	\$99 / month	<input type="checkbox"/>
5,001 – 10,000	6	\$149 / month	<input type="checkbox"/>
10,001 – 25,000	8	\$199 / month	<input type="checkbox"/>
25,001 – 100,000	10	\$299 / month	<input type="checkbox"/>
100,001 +	12	\$499 / month	<input type="checkbox"/>

*Additional users available. Contact us for details.

Internal Use Only	
Received Date:	
Received By:	



PREMIUM SUBSCRIPTION APPLICATION

CREDIT CARD AUTHORIZATION

I, _____ hereby authorize "www.gobydesign.com"
Print Cardholder Name

To debit my _____ VISA _____ MASTERCARD _____ AMEX with the amount described on the
Subscription Application form.

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____

MY BILLING ADDRESS FOR THIS CARD IS:

Mailing Address Province Postal Code

Telephone Email

Cardholder Signature Date

Note: Credit card charge will be displayed as "gobydesign.com".

Please scan and email to accounting@gobydesign.com or email directly to your representative.

Thank You!

Internal Use Only	
Received Date:	
Received By:	