



CMN Cannabis Medical Network



CLN Cannabis Lifestyle Network

# Mounting/Install Pre-authorization Form

(PLEASE FILL OUT THESE FORMS FOR EACH ADDITIONAL LOCATION PER CMN CHARTER SUBSCRIPTION)

We need to gather some information about your network to enable us to setup your new Digital Media System prior to delivery

## PROJECT LOCATION:

Office/Dispensary Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office/Dispensary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Owner/Manager e-mail: \_\_\_\_\_

The above-named practice has completed and returned a Subscription Agreement and Schematic Layout (page 2) for the CMN Charter Subscription. The information provided by the practice regarding the desired location of the CMN Digital Media System (DMS) indicates the need for additional authorization. CMN will not approve the practice for install unless this authorization form and schematic layout is completed, signed, dated and returned (page 2 Schematic Layout).

## WiFi/NETWORK INFO:

**CMN would like to request after-hours/off-peak hours WiFi authorization, for CMN technician to access the following information for CMN Digital Media System (DMS) installation, updates and content download.**

(Privacy protected. All information given is strictly for installation purposes and will not be used or forwarded in any other way)

**Please have authorized personnel available who can assist the installer with the network/WiFi access and connection.**

## MOUNT/INSTALL INFO:

**Please mark the type of wall finish(s) where the CMN Digital Media System (DMS)/screen will be mounted/installed**

(Please mark all that apply)

- Wallpaper   
  Textured Walls   
  Paneling  
 Molding   
  Painted Mural   
  Other Description \_\_\_\_\_

## ELECTRICAL OUTLET INFO:

**NOTE: The electrical outlet(s) must be a maximum of \*8 feet (or less) from the requested location for the CMN Digital Media System (DMS) screen to be installed correctly.**

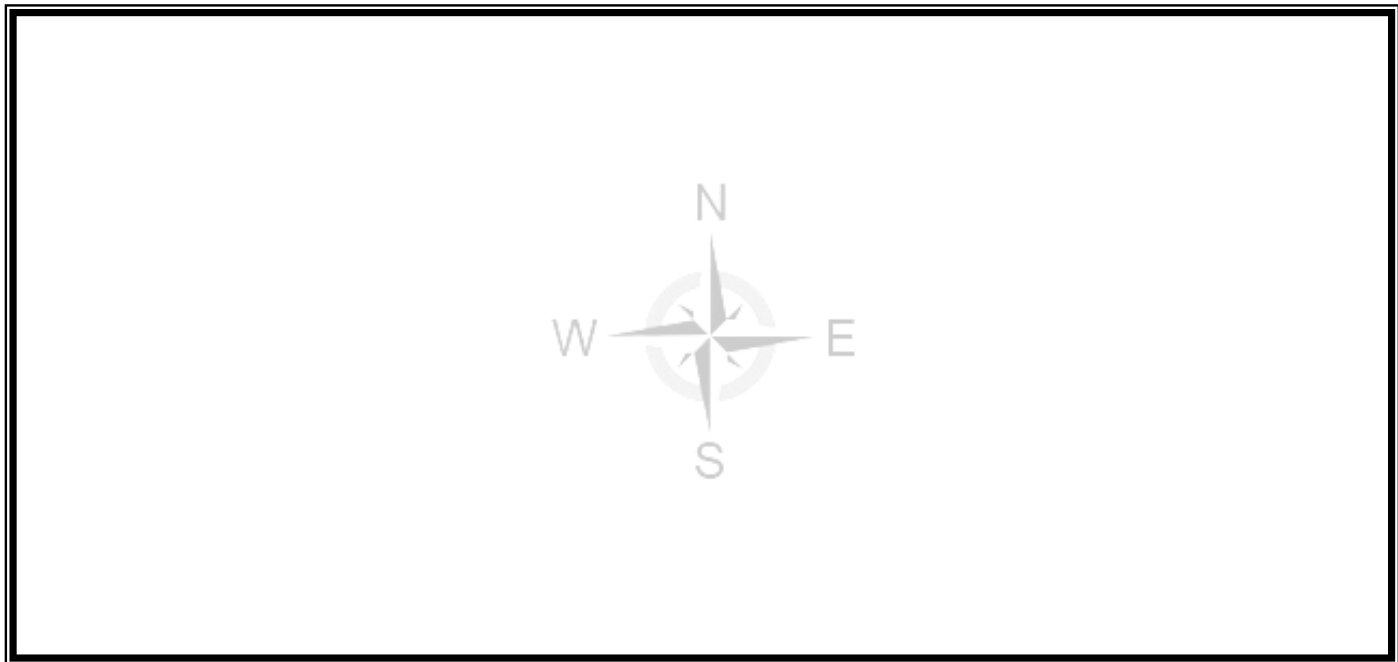
\*Is the electrical outlet for the location a maximum 8 ft. away (or less) from requested CMN (DMS) location?  YES  NO

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

# Schematic Layout

1. Please mark below where the CMN Digital Media System (DMS) and screen(s) installation are requested.
  2. If more than one location for installation, please fill out these forms for each location.
  3. If the electrical outlet is more than \*8 feet from the screen, a \$350 service charge will be added to install a new outlet closer to the installed CMN screen. (Please refer to page 1)
  4. Will a new outlet install be required?     YES                       NO
- \$350.00 (per outlet) x \_\_\_\_\_ (Qty) = \$ \_\_\_\_\_** (to be billed after installation with regular billing cycle)



## SCHEMATIC EXAMPLES TO USE ON YOUR "MAP":

The more information, details and key features, the less time installation will take.  
 Please use a blank paper if more information and \*additional screen(s) and/or electrical outlets required.

Electrical Outlet "EO"  Please mark the distance in feet ← each electrical outlet is per screen next to the location	CLN/CMN Screen(s) "SC1", "SC2", "SC3", etc.	Behind Desk/Register "BK REG"	N, S, E, W Wall "___ WALL"	Waiting Area Wall "WA Wall"	Door or Main Entry "DOOR"
---	---	----------------------------------	-------------------------------	--------------------------------	------------------------------

## AUTHORIZED SIGNATURE:

By printed name and signature below, the above-named practice (page 1) agrees to authorize installation of the CMN (DMS) system and has completed and returned a Subscription Agreement for the CMN Charter Subscription. If the CMN Digital Media System requires relocation and/or removal during the term of the subscription, the practice understands that CMN will patch any holes made during the installation for walls made of drywall only. CMN will not be responsible for finishing the wall where the system was mounted. This includes but is not limited to the application and/or repair of wall textures, paint, wallpaper/borders, paneling, molding, or murals. CMN will not distribute any network, wifi, or password given, or any network information to any 3<sup>rd</sup> parties. Privacy protected.

(Please Print)

\_\_\_\_\_  
 Name of Authorized Doctor/Owner

\_\_\_\_\_  
 Signature of Authorized Doctor/Owner

\_\_\_\_\_  
 Date

Send this form to: [info@cmnhi.com](mailto:info@cmnhi.com)