



Monitor Size(s):

Monitor Qty:

Type (Dr./Clinic/Dispensary): Sales Rep:

Comment(s):



CMN Cannabis Medical Network



CLN Cannabis Lifestyle Network

Subscription Agreement

(Please Print)

Date of Application

Name(s) of Medical Prescribers Office/Dispensary

Administrator/Contact

Shipping / Location Address

City

State

Zip

Phone Number

Email Address

Mobile Number

Website/URL

DISPENSARY / OFFICE HOURS:

Office Hours: Mon: _____ / _____ Tues: _____ / _____ Wed: _____ / _____

Thurs: _____ / _____ Fri: _____ / _____ Sat: _____ / _____ Sun: _____ / _____

By signing below the Dispensary/Office agrees to the following terms:

- Dispensary/Office will notify CMN of discovery of any service issue(s).
- Dispensary/Office will allow reasonable access to CMN research auditors, installers and repair technicians.
- Dispensary/Office agrees to reasonable use of the phone and/or email address provided in this agreement for the purposes of receiving updates, information, and subscriber benefits from CMN. CMN will not share or distribute the contact information provided to any outside sources.
- The digital video system remains the property of CMN.
- Dispensary/Office will supply access to wifi to receive content only via CMN's network.
- Dispensary/Office will provide location(s) where screen(s) are to be installed with Pre-authorization and Site Survey forms completed prior installation date.

Printed Name: _____

Date: _____

Signature: _____

Send this form to your Sales Rep or: info@cmnhi.com

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Web: cmnhi.com