



14501 George Carter Way, Suite 103, Chantilly, VA 20151  
 (703) 788-2700 | Fax: (703) 961-1831 | cga@cganet.com | www.cganet.com

# SUBSCRIPTION LICENSE AGREEMENT

## COMPANY INFORMATION

Company: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City/State/ZIP Code/Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Description of Business:** *(Limit 500 characters including spaces—please attach sheet if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Year established: \_\_\_\_\_ Number of locations: \_\_\_\_\_ Number of employees: \_\_\_\_\_

## Contact Information

**Official Representative/Renewal**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than corporate): \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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10	\$4,950	
15	\$6,030	
20	\$6,985	
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14501 George Carter Way, Suite 103  
Chantilly, VA 20151-1770

In addition to the Official Representative, please register the following individuals. (Attach additional sheets as necessary.) A unique identifying e-mail address is required for each person. Duplicate e-mail addresses are not allowed. All persons must be employees of the licensee. Please print all information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
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\_\_\_\_\_ E-mail: \_\_\_\_\_

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Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_