



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: _____

NOTE: CGA communications are done electronically. Unique individual email addresses are required to access electronic publications.

Subscription Pricing

Annual Fee is \$3,900 for one (1) User/Licensee

Add \$1,170 for each additional license

(Example for 3 licenses: \$3,900+\$1,170x2= \$6,240)

Amount enclosed: \$ _____

Terms and Conditions

Documents are licensed for the sole use of the employees designated by the licensee. Documents may not be shared with any other person or used after the expiration date without the express written permission of the CGA. Any unauthorized use, reproduction, distribution, or modification of any printed page will result in a \$5,000 liquidated damages fee plus loss of access to CGA publications for one year.

When subscription ends, all printed publications and/or parts thereof must be destroyed.

I certify that the information contained in this application is correct, to the best of my knowledge, and hereby agree that we will abide by the licensing agreement terms and conditions, and rules of use.

Signature: _____ Date: _____

Please return completed application with payment, payable to **Compressed Gas Association** in U.S. funds and drawn on a U.S. bank, in an envelope addressed to:

Subscription/Customer Services Department
Compressed Gas Association
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: _____
_____ E-mail: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____
