

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 \$4600 for one (1) User/Licensee

Add \$1,400 for each additional license

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

Amount enclosed: \$ _____

Terms and Conditions

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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: _____

Subscription payment must accompany completed application. The payment covers 12 months of subscription.

- If paying by check, please ensure that the check is made payable to Compressed Gas Association in U.S. funds and drawn on a U.S. bank. Checks drawn on a non-U.S. bank will be returned.
- For wire transfers, please contact CGA Member Services for instructions.
- CGA accepts American Express, MasterCard and Visa for dues payment less than \$10,000.00.

Please return completed application with payment, payable to **Compressed Gas Association** in an envelope addressed to:

Subscription/Customer Services Department
 Compressed Gas Association
 8484 Westpark Dr, Suite 220
 McLean, VA 22102

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: _____
