



By FAX 888-437-9367
 By Mail Sunbaked Software Inc.
 9739 - 83 Avenue NW
 Edmonton, AB T6E 2B6
 855-509-1111

ChiroSUITE Cancellation Form :(

Completion of this form is required to cancel your use of ChiroSUITE. You can fax back the completed form using the toll-free fax number above or are welcome to scan & email the form to support@chirosuite.ca. Please just always be aware of security concerns when emailing sensitive information. Cancelling your ChiroSUITE Agreement is a special circumstance and it is important to understand your responsibilities & your options during and after cancelling.

1. If moving to new software, we will provide you your data in whatever format your new software company requires at NO cost.

As the owner, YOU are responsible for anyone in your clinic, inappropriately giving a vendor or other third party access to your ChiroSUITE or ChiroSUITE data file – this is a breach of the EULA and will result in legal action!

We absolutely believe you own the data but turning over the entire data file provides them knowledge of our data structure and how ChiroSUITE works! Unlike our competitors, we will go above & beyond to provide you this data at a time that is convenient to your conversion process and do all that we can to make it a smooth transition for your clinic! We understand that change is sometimes necessary & we won't suddenly turn a cold shoulder or stop offering great support – that's a promise!

2. You will have access to your ChiroSUITE data at NO cost for as long as required for lookup & reporting purposes ONLY. Your keys will update in 6-12 month increments from the time of cancellation and will require you to call and request your keys be updated again when needed. You will need to provide a copy of your data at each renewal request and we may need to update you to the latest version at that time for you to continue moving forward – if necessary, this will be done at NO cost to you.

3. Type of Action

4. Proposed Cancellation Date

<input checked="" type="checkbox"/>	CANCEL – Select this if you are cancelling your ChiroSUITE agreement & shutting down your clinic or moving to another software program.	
-------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	--

5. Reason for Cancellation & any comments you care to share

6. Software you are moving to

6. Contact information if you want us to work directly with their tech to provide them the information they need to convert you.

Supplying their contact information implies permission to provide them any data they need. We will work with them directly (keeping you in the loop via email) to ensure they have what they need, when they need it to make it a smooth transition for you!

<input checked="" type="checkbox"/>	
-------------------------------------	--

Clinic Owner Printed Name

Clinic Owner Signature

Date