

IMAGE FILE RESOURCES AGREEMENT FORM
VivierSkin

1. Complete & sign the Resource Agreement form
2. Fax the form to Vivier Pharma Inc. at 1-450-455-7491 or 1-866-450-7491
3. Upon verification of eligibility, your request will be processed and you will Receive an email Approval notification with a Username and Password giving you access to the Image Files.

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If you agree, sign and date this Agreement and fax to:
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Physician Name: _____
(Please Print)

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(Please Print)

Phone # _____

Email Address: _____

Website Address: _____

Physician Signature

Date