



Ultra Claims *ONLINE* Order Form

Customer Information

(Please Print or Type)

Company Name _____

Primary Contact & Title (Mr./Ms./Mrs.) _____

Street Address _____

City, State, Zip _____

Email _____

Phone (_____) _____

Fax (_____) _____

Minimum System Requirement Checklist

- **Internet Access (required)**
- **Microsoft Internet Explorer version 4.0 or greater (required)**
- **[Adobe Acrobat Reader](#) version 3.2 or greater (required)**
Free Software - 4.6MB file – Free download is available on Keenan’s website. Please visit the Adobe website to download the version appropriate for your type of system.
- **Printer (optional)** - Necessary if you wish to print a copy of the 5020s for your files.

I have read and understand the above requirements and options. I have completed the necessary downloads and upgrades. Please notify me when I may begin using Ultra Claims *ONLINE*.

Print Name _____

Sign Name _____ Date _____

Once you are ready to enroll, please complete this form and return by mail to

Mr. Wess Eslinger
Keenan & Associates
2355 Crenshaw Blvd
Suite 200
Torrance, CA 90501-3325