Enhanced High-Reach New Patient Acquisition Service [tm] Agreement

My Practice Information Is…

Practice Name:_____ Doctor's Name (if different):_____

Address: _____ City:_____ State: ____ Zip: _____

Carrier Route: _____ Telephone: _____

Email: _____ Website: _____

My Desired Mailing Area Is…

_____Resident Addresses within _____ miles of my office carrier route.

You may also list your desired zip codes & carrier routes below, or on a separate piece of paper.

Zip Code/Carrier Route	Zip Code/Carrier Route	Zip Code/Carrier Route	Zip Code/Carrier Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My Desired Mailing Frequency Is…

Mailers to each Prospective Patient at the following interval: _____

Detail: _____

My Desired Print Quantity Is… _____ Mailings

You will print any quantity I desire, and I agree to have you mail my entire inventory within one year of the print date.

My Desired Design Specifications…

*My marketing specialist will schedule a **Design Consultation** with me upon receipt of my Agreement*

My Budget and Preferred Method of Payment Is…

Down Payment Amount:**$**_____ Unit Cost[+] _____

[+]Note: The only possible adjustment to the Unit Cost will be to reflect increases in U.S. Postage rates.

Card Type: ( ) VISA ( ) MASTERCARD ( ) DISCOVER

Credit Card Number: _____/_____/_____/_____ Expiration Date:_____/_____

Card Verification Value (four digits on back of card:_____

Cardholder's Signature:_____ Please Print Name: _____

I have read and understand this Agreement and agree to be bound by its terms. Owing to the nature of The Service, I understand it is non-cancelable during the Initial Agreement Term as defined above, which is one year from the date of this Agreement. The laws of the state of Illinois will govern any dispute resulting from this Agreement, and attorney fees are due and owing to the prevailing party in such dispute.

Accepted By Client (your signature): _____

Please print your name here: _____

Date Signed: _____