

Practice-Web Inc.
P. O. Box 4678
El Dorado Hills, CA 95762
(800) 845-9379 Sales/Fax



Serving Dental Community since 1988

36-Months Support Agreement

Practice-Web Inc. agrees to provide Dr. _____ toll-free telephone support (Monday-Friday 7:00 AM- 5PM PT except holidays), and software upgrades for the Practice-Web software during 36 consecutive months beginning _____ **2018** through _____ **2021** for the office located at _____

I, Dr. _____, the undersigned, agree to pay \$105.00 per month for 36 months to Practice-Web Inc. for the aforementioned product and service in thirty-six equal installments. *I will also receive Practice Analyzer software (\$149/year value), PatientRegistration via WebForm, autoamted email reminders upon signing and **Free iPad (latest, 32 GB Wi-fi)**, for a total of \$1100 value) after the first ACH payment is processed.* I authorize Practice-Web to debit my bank account (separate ACH agreement is required) for \$105/month with a duration of 36 consecutive months and to charge my credit card for tax and shipping as follows. If I cancel my support agreement within the first year, a cancellation fee of \$500 will apply. If I cancel after first year and before the end of second year of agreement then a cancellation fee of \$400 will apply. If I cancel after the end of second year then a cancellation fee of \$300 will apply. All cancellations require 30-days advance written notice.

First installment of \$105 is due on _____, 2018 and each subsequent installment is due on first of every month for next 35 months.

If my debit transaction is declined or and payment is past due, a \$20 fee will apply to that month's payment. If two consecutive transactions are declined, a late fee of \$40 may apply.

Dr. _____ Date _____

Name as printed on Credit Card _____

Card type Visa Mastercard Amex Discover

Card Number _____

Expiration Date _____ 3 or 4 digit security code _____ (back of card)

Billing address _____

City, State, Zip _____