

**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 8:00 AM- 5PM PST except holidays), and software upgrades for the practice-Web software during 36 consecutive months beginning \_\_\_\_\_ **2016** through \_\_\_\_\_ **2019** for the office located at \_\_\_\_\_

I, Dr. \_\_\_\_\_, the undersigned, agree to pay \$99.00 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-Web Graphs Analyzer software (\$149/year value), Front and Back Office Video Tutorials (\$299 value), up to 15 online video tutorials (\$299 value) & Automated email reminders (\$359 value) upon signing the agreement and Free iPad Air 2 (16 GB) as well as ProPay CC Swiper (\$99 value, when signed) for a total of \$1500 value after the first ACH payment is processed. I authorize Practice-Web to debit my bank account (separate ACH agreement is required) for \$99/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 \$99 is due on \_\_\_\_\_, 2016 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 \_\_\_\_\_

## Repetitive ACH Authorization

☐ New Payment Plan☐ Change an Existing Plan

CLIENT NAME	ACCOUNT ID (IF APPLICABLE)
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RESPONSIBLE PARTY (Name on the checking account)	
NAME (FIRST-MIDDLE-LAST)	FEDERAL TAX ID
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OFFICE PHONE # ( )	EMAIL ADDRESS
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FINANCING INFORMATION: Monthly payment will be paid directly from your bank account.					
BALANCE DUE	PAYMENT	TRANSACTION FEE (by Practice-Web)	TOTAL PAYMENT	PLEASE CHECK BOX FOR YOUR PAYMENT DATE(S) <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 10 <sup>TH</sup> <input type="checkbox"/> 18 <sup>TH</sup> <input type="checkbox"/> 25 <sup>TH</sup>	START DATE

"I hereby agree to the 'Terms & Conditions' shown below and authorize the automatic debiting of my bank account according to the above payment schedule until the 'Balance Due' shown above is paid in full. I agree to provide notice of any change to my bank information at least 1 week in advance of the next payment date."

SIGNATURE OF RESPONSIBLE PARTY	DATE
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**EITHER ATTACH VOIDED CHECK OR LIST BANK INFORMATION BELOW. (Do NOT use a deposit slip!)**

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Checking Account    ☐ Savings Account    Check # (from sample check) \_\_\_\_\_

<b>BANK ROUTING NUMBER:</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<b>ACCOUNT NUMBER:</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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**TIPS TO IDENTIFY ROUTING AND ACCOUNT NUMBERS:**  
 There are three sets of numbers along the bottom line of your check the Bank Routing Number, the Account Number, and the check number. The easiest way to identify each of these is through the process of elimination. First, eliminate the check number. This will leave the Routing number and account number. The [ : ] symbols will always be at the beginning and end of the 9 digit Routing Number. The account number is what is left over and will be anywhere from 5 to 16 digits

⑆ 1 2 3 4 5 6 7 8 9 ⑆     
 1 2 3 4     
 1 2 3 4 5 6 7 8 9 8 7

Bank Routing Number  
Always 9 Digits

Check  
Number

Account Number  
5-16 Digits

FAX COMPLETED FORM TO 800-845-9379

## TERMS AND CONDITIONS

DOCPAY is a trade name of Complete Systems, Inc. and has been authorized by Practice-Web Inc. to administer this payment plan. The transaction fee indicated above is applied each time the Responsible Party's account is debited. Should there be insufficient funds in the account, additional debits may need to be processed. **There is a return charge of \$10.00 for all returned items.** Upon default of the above payment schedule due to Insufficient funds withdrawal of the authorization, nonpayment or bankruptcy, the entire unpaid balance may, at the option of Practice-Web Inc. be declared immediately due and owing. In such cases Responsible Party agrees to pay the reasonable cost of collection and/or attorneys fees as permitted by the governing laws of the state. Neither Practice-Web, Depository nor Complete Systems, Inc. is liable for any incidental or consequential damages stemming from the transfer of funds unless due to fraud or willful misconduct. Responsible Party should receive a monthly statement from the above listed bank showing funds transferred. DOCPAY does not collect insurance payments.

<b>REQUIRED INFORMATION - PAY PLAN CANNOT BE PROCESSED WITHOUT THIS!</b>		
CUSTOMER NAME PRACTICE-WEB INC.	I.D. CODE 29691	PHONE # 800-845-9379

Your monthly payment will appear on your bank statement showing **DOCPAY ACH** as the payee.

In the event a payment is rejected or returned unpaid, a \$10.00 NSF fee will be added to your account.

If you change your bank account, you must notify Practice-Web at least 15 days prior to your next payment date.

For account changes or any other questions regarding your account please call your Practice-web contact.