



Pending Patient

MAGNET by GetOrthoCases

ORDER FORM

Email completed order form to Sales@GetOrthoCases.com or fax to 610.326.7272.

Contact Info

Contact Person: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____ Email: _____

Order Summary

(This line will be completed by GetOrthoCases) Target Start Date: _____ Target End Date: _____

PRODUCT / SERVICE

[X] 6-Month Pending Patient email campaign @ \$149 per month = \$894
Set-up Fee: \$199
TOTAL INVESTMENT: \$1,093

Client receives Content Management System that deploys 2 - 3 personalized, professionally-designed, CAN-SPAM compliant email marketing touches to each of your pending patients. Client submits weekly list of PENDING PATIENTS to GetOrthoCases via email. Client's emails are deployed weekly by GetOrthoCases.

Payment Options

[] Check (# _____) Make checks payable to Philadelphia's Finest, Inc.
[] Credit Card [] Visa [] MC [] AMEX [] Discover Amount to be Charged: \$199
Credit Card #: _____ Credit Card Exp.: _____ CVW2 Code: _____
(CVW2 Code is the 3-digit verification number from the back of card)
Credit Card Billing Address: _____ City: _____ State: _____ Zip: _____
Name on Credit Card: _____

Billing Information and Terms (INITIAL EACH BOX BELOW)

Billing Client will pay in advance the fees for each month specified above.
[]
Cancellation Client agrees that if Client cancels all or any part of the campaign contemplated by this Marketing Contract prior to its agreed upon end date, the full amount due under this Marketing Contract will be immediately due and payable, and if paying by credit card, Client's credit card will be charged such amount, unless this Marketing Contract has been pre-paid in full, in which case Client will forfeit any unused portion of the pre-payment.
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Authorization

No cancellations accepted after customer approval. All advertising is subject to Get Ortho Cases approval. Advertiser assumes responsibility and liability for content and subject matter and releases Get Ortho Cases from any suits or claims that result.

I agree to the quoted rate for the project listed above. If paying by credit card, I authorize payment charged to the credit card listed on this form. By signing, I agree to all terms, conditions and payment method stated on website and price sheet.

Signature: _____ Date: _____

*Signature must be same as name printed on credit card or an authorized user of same card. Order to be processed upon signed confirmation.