



MARKETING SUPPORT SERVICES A-LA-CARTE SELECTION FORM

Please complete store information below:

Owner _____

Address (City, State, Zip) _____

Phone # _____ - _____ - _____ Fax # _____ - _____ - _____

E-mail _____

Terms of Participation:

The cost of Marketing Support Services from GRX Marketing will vary depending on the selected services.

Please check all the items below you would like to receive:

- | | |
|---|--|
| <input type="checkbox"/> Custom Creative Design Services | <input type="checkbox"/> Video Marketing: |
| <input type="checkbox"/> Unlimited Marketing Consultation | o _____ 1 video per month |
| <input type="checkbox"/> Special Events and Promotions planning | o _____ Unlimited videos per month |
| <input type="checkbox"/> Patient email marketing – includes monthly Newsletter, Happy Birthday message and custom campaigns | <input type="checkbox"/> Copywriting services |
| <input type="checkbox"/> Patient voice messaging – send messages to patients about events and services | <input type="checkbox"/> Doctor detailing services: |
| <input type="checkbox"/> Targeted patient mailings on services or notifications | o Faxing outreach to prescribers |
| <input type="checkbox"/> Press release writing and sending to local media | o Email outreach to prescribers |
| <input type="checkbox"/> Working directly with local media reps and vendors | o Direct mailings to prescribers (postage costs are extra) |
| <input type="checkbox"/> Social media management – 3 to 4 posts a week on various social media platforms | o Pulling prescribers' list for email and/or faxing purposes |
| <input type="checkbox"/> 300 full color printed copies size 8.5x11 or 11x17 (bagclippers, flyers, posters) | <input type="checkbox"/> Detailed 1-month marketing plan |
| o Includes 2 Fedex material shipments per month | <input type="checkbox"/> Monthly health-focused marketing materials (ad, bagclipper, flyer) |
| | <input type="checkbox"/> Local market and customer surveys |
| | <input type="checkbox"/> Website or blog updates |
| | <input type="checkbox"/> Direct Mail Creative and Fulfillment (production and mailing costs not included) |
| | <input type="checkbox"/> Custom Commercially Printed Materials (brochures, banners, postcards, cards and coupons – additional costs may occur) |
| | <input type="checkbox"/> Other: _____ |

Monthly cost for selected services: _____

As a GRX Marketing Program Client, you agree to the following:

In order for the marketing program to be successful, owner agrees to consult periodically with the assigned marketing consultant to develop a plan for marketing your businesses. Owner will participate in agreed upon programs and will fully support the decisions made together. Electronic marketing programs such as e-newsletters, and voice broadcasting to inform existing customers of upcoming events, services, etc. is important for the overall success of the marketing program. A statement will be sent to you at the beginning of each month summarizing the number of e-mail and voice messages sent out for your location for the prior month.

This agreement will automatically be renewed for six month periods 30 days in advance of each six-month period. Early termination of this agreement will result in immediate payment due for remaining months left in contract. All monthly marketing fees and transaction fees must be current before services for subsequent periods will become effective. Any add on program fees will continue until notification has been made that you wish to stop these programs, or have transferred payment from GRX Marketing to pharmacy owner. Discounts applied to these programs may be revoked with discontinuation of program. Videos are available for digital platforms during length of agreement. Cancellation of agreement will result in removal of videos from website and or social media.

Store Contact Name: _____

Authorized Signature: _____

Start Date: _____ Date Signed: _____

Credit card, checks or ACH accepted. To pay by credit card, please complete the following information:

Name on Credit Card: _____

Credit Card #: _____

Exp. Date: _____ CVV Code: _____ Billing Zip Code: _____

To pay by via ACH, please complete the following information:

ACCOUNTHOLDER NAME: _____

I hereby authorize GRX Marketing, a division of GRX Holdings, LLC to initiate debit entries from my checking/savings accounts at the financial institution and to debit same account for mobile app services. I acknowledge that the origination of ACH Transactions to my account must comply with the provisions of U.S. Law.

Name of Financial Institution

Address of Financial Institution – City, State & Zip

This authority will remain in full force and effect until GRX Holdings, LLC has received written notification from me of its termination in such time and manner as to afford GRX Holdings, LLC a reasonable opportunity to act on it.

Signature of Responsible Party Relationship to Accountholder Date

NAME OF RESPONSIBLE PARTY – PLEASE PRINT PHONE

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____