



## MARKETING SUPPORT SERVICES ENROLLMENT 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 is \$599 per month. If signing up multiple stores, we will add \$200 for each additional location.

\* If signing up multiple locations, please list the total number of stores: \_\_\_\_\_

### For this fee you will be eligible to receive:

- Custom Creative Design Services
- Community Relations Marketing Tools
- Healthcare Provider Relations and Detailing Tools
- Unlimited Marketing Consultation
- Local Media Research & Planning
- Public/Media Relations
- Special Events and Promotions
- Discounted pricing promotional products
- Strategic Planning
- Direct Mail Creative and Fulfillment (production and mailing costs not included)
- Advertising Specialties Recommendations (product purchase costs additional)
- Custom Commercially Printed Materials (brochures, banners, postcards, cards and coupons – additional costs may occur)

### Complimentary bonus features include:

- Patient email marketing – includes monthly Newsletter, Happy Birthday message and custom campaigns
- Patient voice messaging system – send messages to patients about events and services
- Targeted patient mailings on services or notifications
- Press release writing and sending to local media
- Working directly with local media reps and vendors
- Social media management – 3 to 4 posts a week on various social media platforms
- 300 full color printed copies size 8.5x11 or 11x17 (bagclippers, flyers, posters)
- Pulling prescribers' list for email and/or faxing purposes
- Email outreach to prescribers
- Faxing outreach to prescribers
- Two (2) Fedex material shipments per month
- Detailed 6-month marketing plan
- Monthly health-focused marketing materials (ad, bagclipper, flyer)
- Monthly e-marketing tips and advice
- Local market and customer surveys
- Website or blog updates
- 2019 Health Calendar

**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.

Store Contact Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Six Month 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: \_\_\_\_\_