



5022 Dale Road Huntsville, AL 35803-3820  
(256) 882-3809 (888) 821-9347 Fax

# Service Agreement

## Digital Full Color Printing

This Service Agreement is made by and between \_\_\_\_\_ of \_\_\_\_\_, and PAWprint

Reminders, Inc. of 5022 Dale Road Huntsville, AL 35803.

In this Agreement, \_\_\_\_\_ who is contracting to receive services will be referred to as "the hospital", and the party who is providing the services will be referred to as "PAWprint".

1. **DESCRIPTION OF SERVICES.** Beginning on or about \_\_\_\_\_ PAWprint will provide to the hospital the following services:
  - a. Print digital full color reminder postcards (4.25" x 5.5") on 80lb. card stock. The card shall contain the photo, logo, or other image(s) provided by the hospital. (Front is full color and the back is black & white. Full color on both sides is available.)
  - b. PAWprint will merge the hospitals reminder information onto the cards.
  - c. PAWprint must have your data file at least one week prior to the date the hospital would like the cards to be mailed. An exact mail date cannot be guaranteed unless the clinic send 550 or more reminders. There is no minimum quantity for printing.
2. **COST:** Standard postcards (4.25" x 5.5") are currently 22¢ each plus postage. Printing cost is subject to change. Price includes full color printing, merging your data, barcode and mail prep. Current postage rate is .32¢ per card. (Postage rates will increase as USPS rates increase.)
3. **PAYMENT FOR SERVICES:** Payment for digital printing may be made via VISA, Master Card or American Express. In order to insure funds for your postage will be available when the postcards are ready, we charge your credit card as soon as we receive your reminder data file.

#### 4. CARD

##### Reminder Text.

Text for 1st, 2nd, and 3rd reminders will be the same except for the phrase "is now due", "is now PAST DUE", and "is now SERIOUSLY PAST DUE".

For example:

If your 1st Reminder is to read, "This is an important reminder that <pet name> **is now due** for the following treatments: Please give us a call at <phone number> at your earliest convenience to schedule an appointment. The Staff at <hospital name>."

Your 2nd Reminder would read, "This is an important reminder that <pet name> **is now PAST DUE** for the following treatments: Please give us a call at <phone number> at your earliest convenience to schedule an appointment. The Staff at <hospital name>."

Please write your reminder text on the Order Form in the space provided on page 2.

5. **CANCELLATION.** The hospital may cancel the service at any time by giving written notice to PAWprint 30 days in advance of the cancellation date.
6. **REFUND.** Any unused postage will be refunded to the hospital within 10 days of cancellation.
7. **EXCUSE FOR DELAY OR FAILURE TO PERFORM.** PAWprint Reminders, Inc. will not be liable in any way for any delay, non-delivery or default in shipment due to labor disputes, transportation shortages, delays in receipt of materials, fires, accidents and other causes beyond the control of PAWprint or its suppliers. If PAWprint, in its sole judgment, will be prevented directly or indirectly, on account of any cause beyond its control, from providing the above services as stated in item #1, then PAWprint will have the right to terminate this Agreement by notice in writing to the hospital. This termination will be accompanied by a full refund of any sums remaining in the hospitals account as set forth above.
8. **Privacy.** The data files you send to PAWprint are kept confidential. PAWprint will never sell, use, or divulge your client information in any form.

There are no other agreements or warranties made by PAWprint, whether expressed or implied, other than specifically stated in this Agreement.

**Hospital Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



PAWprint Reminders, Inc.  
5022 Dale Road, S.E.  
Huntsville, AL 35803-3820  
Voice (256) 882-3809 Fax (888) 821-9347

<b>Office Use</b> Acct. #
------------------------------

## ORDER FORM

### HOSPITAL/CLINIC INFORMATION

Hospital Name \_\_\_\_\_  
Address \_\_\_\_\_ PLEASE PRINT City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Owner \_\_\_\_\_ Contact Person \_\_\_\_\_  
Email: \_\_\_\_\_  
We send:  1st Reminder  2nd Reminder  3rd Reminder (We cannot do Consolidated Reminders)

### POSTCARD INFORMATION

If digital file is attached, specify file name: \_\_\_\_\_  
Reminder Text:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alabama clinics will add applicable sales tax.



Exp.  CVC



Exp.  CVC

Name and address associated with the credit card, if different from above.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_