

Fax: (800) 856-1910

Office Use Acct. #

EXCLUSIVE OFFER DESCRIPTION

- 1. DESCRIPTION OF SERVICES. PAWprint will provide to the hospital the following services:
 - a. Print digital full color reminder postcards (4.25" x 5.5") on card stock. The card shall contain the photo, logo, or other image(s) provided by the hospital. The front and back of the card is full color.
 - 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 sends 550 or more reminders. There is no minimum quantity for printing.
- 2. COST: Standard postcards (4.25" x 5.5") through this Exclusive Offer are 34¢ each (5¢ off the regular price) plus discounted First Class postage. Price includes full color printing, merging your data, barcode and mail prep. Current First Class postage for a postcard is .48¢. The current discounted postage will be .43¢. (Postage rates will increase as USPS rates increase.) Pricing for this Exclusive Offer good thru 1/1/2024.
- 3. PAYMENT FOR SERVICES: Payment 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 TEXT.

You may write your own reminder text and Pawprint will merge your personalized information with your text. Or you may use our standard reminder text.

If writing your own reminder text, please use the Order Form in the space provided on page 2.

- CANCELLATION. The hospital may cancel the service at any time. Please give 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 will not be liable in any way for any delay, non-delivery or default in shipment due to labor disputes, transportation shortages, material 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 our service 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. We may use a likeness of your card on our website for promotional purposes unless you notify us.

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

Hospital Representative:	Title:
Signature:	Date:



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EXCLUSIVE OFFER ORDER FORM

HOSPITAL/CLINIC INFORMATION		
Hospital Name		
		StZip
Phone ()		
Contact Person		
Email:		
	Reminder 3rd Reminder	(We cannot do Consolidated Reminders)
DOSTOARD INFORMATION		
POSTCARD INFORMATION		
If digital file is emailed, specify file name: _		
Write Your Own Reminder Text:		
		
		
		
	· · · · · · · · · · · · · · · · · · ·	
Standard reminder text shown below:		
Standard reminder text shown below.		┌── We will use the
Dear *client name*,	oo* is due for the following treatme	Standard reminder text.
This is a friendly reminder that *pet's nam *Treatments due*	e is due for the following treatme	ents.
Please give us a call to schedule an appo	intment.	
The Staff at *clinic name*		
Alabama alinias will add applicable calca to		
Alabama clinics will add applicable sales ta	IX.	
MasterCard VISA		
VISA		
	Exp.	cvc
	Ελρ.	
DORESS Cards Welcome		
Welcome		
	Exp.	CVC
Name and address associated with the cre	edit card, if different from above.	
Name		
Turno		
Address	City	St Zip
		Page 2 of 2