

**COMPLETE™ CLINIC SOFTWARE**

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(800) 989-6576 Fax (615) 373-0334

**eReminder Order Form**

I wish to sign up for the CCS, Inc. eReminder system and authorize CCS, Inc. to charge my credit card monthly in advance for \$199.00 per month to utilize the eReminder system for appointment reminders and confirmations, vaccine and service recalls and birthday greetings.

I also acknowledge that I may cancel this service at any time with 30 days' notice to CCS, Inc. CCS, Inc. reserves the right to review volume usage on a quarterly basis and adjust prices as necessary based on volumes used.

Clinic Name \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Card Number \_\_\_\_\_ Expire Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_