

## **DRG Distributor Intake Form/Agreement**

### **Contact Information:**

Doctor Name: \_\_\_\_\_ EIN/Tax ID: \_\_\_\_\_  
Who in your office will be DRG's point of contact?: \_\_\_\_\_  
Contact Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Practice Type (circle one): MD/DO/Dentist/Chiropractor/Optometrlist/Podiatrist/Audiologist  
Practice Address: \_\_\_\_\_  
Practice Phone: \_\_\_\_\_ Practice Email: \_\_\_\_\_

**Your Credit Card Merchant Virtual Terminal Log-In:** (So patient payments go directly to your bank account.) Send us your merchant account website and your login information for the account.

Website: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_

**3rd Party Financing:** You need to set up an account with United Credit so your patients can choose to pay for the DRG program using financing. Once approved, United Credit will deposit 100% of the funds into your account, just like your credit card merchant company. To apply for United Credit go to: [www.UnitedCredit.com/merchant-registration](http://www.UnitedCredit.com/merchant-registration) After you've applied, send email to: [jc@unitedcredit.com](mailto:jc@unitedcredit.com) to start the application process. Once you get set up, send us your Login and Password.

Username: \_\_\_\_\_ Password: \_\_\_\_\_

### **Downsells**

If your patient can't afford the full DRG program, we have several downsell options. Our service fee for any downsell program is 75% of the collected amount.

### **Investment**

You agree to pay DRG a 1-time enrollment fee of \$995 upon signing. Once the upfront fee has been taken care of, you will start paying DRG the agreed upon Service charge fee per patient.

Go here to pay your initial \$995 deposit <https://buy.stripe.com/28o3g38MN3kkfU47sB>

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I agree to have DRG charge the above credit card for ongoing DRG Service Charges. The below credit card will be used as a backup for DRG to charge ongoing Service Charges if the above credit card gets declined. If DRG Service Charges are declined on both of these credit cards, you will have 72 hours to send DRG their owed Service Charges or you will be terminated from the Distributorship program and you will still owe the agreed upon Service Charges.

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DRG will provide you with a 6 foot banner to put in your reception area, custom funnel and tracking link, monthly training for staff, monthly content you can send to patients and 100 color brochures you can hand to patients. Any re-orders of brochures will be at your expense.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_