

RiseMark Account Setup

Use this form to set up your free DocuBank account.

Fill in the form and fax to 610-667-9726, or email to providers@docubank.com.



Contact Information

Business/Franchise Name		Primary Contact	
Address (including city, state, ZIP)			
Phone		Email	
Additional Contact (assistant, etc.)		Contact's Phone or Email	

RiseMark Discounted Rates

1-year membership: \$30 per person - **save 33%**

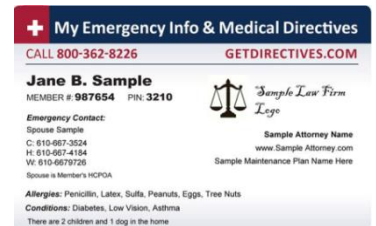
5-year membership: \$99 per person - **save 33%**

Special Introductory Purchase Offer

Ten 1-year memberships for \$99 with credit card prepayment (**save \$151**)

Memberships must be redeemed within 1 year of purchase.

- I want to take advantage of the Introductory Offer. Charge my card listed below.
- I do not want to take advantage of the offer, but keep my card on file for future transactions.



Name on Card			
Card Number		Expires MM YY	CSV Code
Address (if different from above)			

Wallet Card Customization

PRINT how you would like your branding to display on your clients' Emergency Cards.

For example, Business name on Line 1, phone number on Line 2, and website on Line 3

Line 1 (up to 33 characters)
Line 2 (up to 54 characters)
Line 3 (up to 40 characters)

- I want to add my logo to my DocuBank cards. Bill my credit card above for the one-time \$199 setup fee.

DocuBank Intro & Setup Calls (recommended)

We strongly suggest taking advantage of your initial setup call to discuss how clients can sign up for DocuBank and to decide which marketing benefits make sense for your business.

- Call me (date/time): _____
- Contact me to schedule a call.

We are electing to provide memberships in DocuBank Services to our members. We understand that DocuBank: stores legal healthcare documents and related information via its emergency cards, stores estate planning and other important information via DocuBank SAFE; and is not responsible for verifying the accuracy or completeness of documents or information provided to DocuBank. We further understand that DocuBank: will contact our members to pursue membership renewals unless we elect to pay the member renewal and do so in accordance with DocuBank policy; does not accept responsibility for the accuracy, completeness or updating of any member medical information provided to DocuBank; will attempt to contact my members to allow them to update their information at least annually. We agree not to make any statement to any third party, written or verbal, which is reasonably likely to be harmful to DocuBank or to be injurious to the goodwill, reputation or business standing of DocuBank at any time in the future. We agree to not distribute DocuBank intellectual property or use such property to establish a service similar to DocuBank for a period of two years after our last member enrollment in DocuBank.

Signature	Date MM DD YYYY
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