

**INTERNAL USE ONLY**

- New
 Change
 Renewal

AM: _____

Full-Service Account Agreement

Please complete, verify, and sign this Agreement below. Return the signed Agreement to your EDEXIS account manager.

support@edexis.com / 209-231-6700 fax / 209-223-3461 office

CONTRACT TERM

Month-to-month (*renews automatically*)

Contract Term (*annual plans only*)

Annual Automatic renewal

Start date: _____ Renewal date: _____

COMPANY INFORMATION

Company name:

NPI #:

Account Owner/CEO/President:

Account Owner Phone:

Physical street address:

Physical City, State, Zip code:

Mailing address (*if different*):

Mailing City, State, Zip code:

Main phone number:

Main fax number:

Accounts Payable contact name:

Phone:

ACCOUNTS PAYABLE EMAIL →:**CREDIT CARD PAYMENT INFORMATION**

The Company and Account Owner are responsible for all charges. Every EDEXIS account requires a valid credit card on file for payment. You hereby authorize EDEX Information Systems to automatically charge the credit card below for all amounts due for each billing cycle. Please contact EDEXIS at (209) 223-3461 or support@edexis.com to update your credit card as needed. Pursuant to the Terms of Use, I understand my account may be temporarily or permanently suspended or terminated if the credit card expires, if payment is declined by the issuing bank, or the account become 30 or more days past-due.

Credit card number: _____ Expiration date (month/year): _____

Cardholder name: _____

Billing address: _____

AUTHORIZED SIGNATURE

I certify that I have read the EDEXIS Terms of Use, Privacy Policy and this Agreement, and agree to comply with all terms and conditions therein. I further certify that I have the legal authority to open, renew, or make changes to this account on behalf of the company or entity named herein. If signed digitally, my signature shall have the same intent as a wet signature.

Signature: _____ Print name: _____

Title: _____ Date: _____



Full-Service Account Custom Pricing

All accounts require a valid credit card on file with EDEXIS for automatic monthly payment. Credit terms with monthly billing may be available for qualified accounts. Terms apply. Please contact your EDEXIS Account Manager at (209) 223-3461 or support@edexis.com.

<input type="checkbox"/> Government <input type="checkbox"/> Volume <input type="checkbox"/> Vendor conversion: _____	Annual Plan 1 year term
Annual account fee (<i>primary account</i>)	\$ _____
Sub-account annual fee (<i>pro-rated if added during your 1-year term</i>)	\$ _____

1. EDEX TRACKING - CALIFORNIA WORKERS' COMPENSATION COURT DATABASE SEARCHES AND TRACKING

SEARCHES: Quickly locate injured worker cases by Social Security Number (SSN) or EAMS Reference Number (ERN), or access any WCAB case directly by its case number (ADJ).

EDEX SSN, ERN and ADJ searches: \$ _____

AUTOTRACK: Watch for new WCAB cases by Social Security Number (SSN) or EAMS Reference Number (ERN). Receive case data automatically when the WCAB opens new cases for a tracked injured worker.

AutoTrack by SSN or ERN: \$ _____

Autotrack Case Opening Notifications: \$ _____

CASEWATCH: Monitor any WCAB case by ADJ case number. Receive all EDEX hearings, events, and party updates.

Watch a WCAB case by ADJ case number: \$ _____

Hearing and Event Notices: \$ _____

Case Party Changes and Address Update Notices: \$ _____

2. EDEX FILING - CALIFORNIA WORKERS' COMPENSATION EAMS ELECTRONIC COURT DOCUMENT FILING

EAMS JetFile Form and Document Filing: \$ _____

3. EDEX MAILING - UNITED STATES POSTAL DOCUMENT MAILING SERVICES

First-Class Aggregated U.S. Mailing (B/W, duplex): \$ _____/party

*US Postal Mail tracking included free with every order. Eight page images are included with each order. Additional page images will be billed at \$0.07/ea. EDEXIS e-Signed legal **Proof of Service Form** available. Your custom logo and tagline are available for Certified and First-Class daily mailings. Daily (non-aggregated) mailing prices vary by service type selected, weight, options, and postal surcharges. Priority Mail, Certified Mail, Certified with Return Receipt, and additional service types are normally available. Self-addressed stamped envelopes, check printing inclusion, simplex, and other mailing options may also be available. The cost of each document mailing order is updated on-screen in real-time during the order process. Account users are required to review and accept the mailing cost estimates we provide on-screen prior to submitting an order. Mailing and extra page rates subject to change.*

Signature: _____ Name: _____ Date: _____