



Full-Service Account Agreement

Please complete and return signed Agreement to your EDEXIS account manager.

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

CONTRACT TERM	<i>Contract starts on signature date. Term renews automatically. Annual service fee processes on the 2nd day of the following month of the signature date.</i>
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COMPANY INFORMATION			
Company Name		Company Phone	
Owner/CEO/President Name		Owner Phone	
Physical address			
City		State	Zip
Mailing address, including city, state, zip, if different			
City		State	Zip

BILLING INFORMATION			
Account Payables Contact Name		AP Phone	
AP Contact Email		NPI, if applicable	
Account Payables Email to receive monthly invoice, if different than AP contact email			
Billing address, including city, state, zip, if different			
City		State	Zip
Credit card number	CC exp	Cardholder Name	

EdexOne USER ADMINISTRATOR	
User Administrator Name	Phone
Email	Preferred password, if any

AUTHORIZED SIGNATURE

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 above for all amounts due for each billing cycle. 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 becomes 30 or more days past-due. 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: _____ Date: _____

Print name: _____ Title: _____



Full-Service Account Standard Pricing

	Account Fee	Annual Plan 1 year term \$199.00/year	Monthly Plan Cancel \$25.00/month
EDEX CALIFORNIA WORK COMP SEARCHES, TRACKING, AND FILING			
SEARCHES: Quickly locate injured worker case history by Social Security Number (SSN), EAMS Reference Number (ERN), or specific ADJ case number.	EDEX SSN, ERN, or ADJ searches	\$1.50	\$2.50
TRACKING PEOPLE: Receive automated notification when a new ADJ case opens for an injured worker tracked by SSN or ERN.	AutoTrack by SSN or ERN	\$0.25	\$0.50
	AutoTrack Case Opening Notices	\$1.25	\$2.00
TRACKING CASES: Monitor any WCAB case by ADJ case number. Receive electronic notices of future hearings, significant events, and address record updates.	CaseWatch an ADJ case number	\$1.50	\$2.50
	Hearing and Event Notices	\$0.25	\$0.50
	Address Record Updates	\$0.25	\$0.50
FILING INTO EAMS: Pre-populate your forms and filings with ADJ case data and get confirmation of successful filing or error for every single filing. Automated Proof of Service included.	EAMS Jet-filing	\$0.99/filing	\$1.25/filing
EDEX USPS MAILING integrated with EAMS party lists, Clio, CaseFriend, Litify, or API			
First-Class Aggregated US Mailing (B/W, duplex printing, 8 images)		\$1.25/party	
First-Class Daily US Mailing (submit by 1 pm PST; B/W, duplex printing, 8 images; options include but not limited to Priority Mail, Certified Mail, Signature Required, include check payment, Return Envelope with/without postage)		\$2.00+postage per party	
Additional images after the first 8, duplex printing		\$0.07 per image, \$0.14 per page	
Additional images after the first 8, simplex printing		\$0.12 per image, \$0.12 per page	

- Proof of Service – FREE
- Your Logo printed in the return address area for Daily Mail only – FREE

The cost of each filing and mailing is displayed on-screen in real time during the order process. Account users are required to review and accept the mailing cost prior to submitting an order. Mailing and extra page rates subject to change.

Signature: _____ Date: _____

Print Name: _____