

POSTAGE / CREDIT FORM



CLIENT BILLING INFORMATION

Facility Name (including d/b/a, a/k/a, f/k/a, etc.): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Bill-to-Address (if different from above): _____
City: _____ State: _____ Zip Code: _____
Accounts Payable Contact: _____ Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
Direct Invoices to: _____

POSTAGE DEPOSIT

In order to begin utilizing MEB Statement Services we require a postage deposit from all customers. We will hold your postage deposit in the MEB postage account. This deposit amount is not subtracted from your first bill. A full refund of your postage deposit will be made should you decide to terminate your MEB account. Your postage deposit amount is determined by your average monthly (30 day) statement volume. Please see table below to estimate the required postage deposit amount.

Monthly Volume	Postage Rate	Postage Deposit Required
1,000	.37	\$ 370.00
5,000	.37	\$1,850.00
10,000	.37	\$3,700.00

Please make postage deposit check payable to the **Southwest Direct, Inc.** The postage deposit will be held in the MEB postage account until termination of service, whereupon it will be fully refunded.

IMPORTANT: Medical Electronic Billing, will not be able to process a customer's live data file until we have received a postage deposit. Please enclose the postage deposit check with a copy of this form. Sign below and return it to Corporate Headquarters, 2129 Andrea Lane, Ft. Myers, FL 33912.

Postage Deposit Estimate

$$\frac{\text{Number of Your Monthly Statements}}{\text{Number of Your Monthly Statements}} \times \frac{.37}{\text{Postage Rate}} = \frac{\text{Postage Deposit Amount}}{\text{Postage Deposit Amount}}$$

CREDIT POLICY

- Policy Terms.** A business credit account will be opened in your name with your acknowledgment that any Medical Electronic Billing (MEB) program you enroll in constitutes a commitment by you to pay for the products or services MEB provides on your behalf.
- Acceptance of Policy.** By utilizing MEB statement processing or any other MEB services you enroll in, you agree to accept this policy.
- Payment Terms.** You agree to pay in U.S. dollars for all services MEB provides to you. All checks or other types of payment MEB agrees to must be drawn on funds on deposit in the U.S.
- Invoices.** You will receive an invoice on a monthly basis, including multiple pages and inserts, once the statement pages and any inserts have been mailed. This invoice must be used to make payment. Terms are net 15 days from the invoice date. If you cannot meet the 15-day payment period we will require an additional month postage deposit. Please Initial: _____
- Non-Payment.** If your account balance is delinquent (over 20 days past due), MEB reserves the right to discontinue service. If there is a legitimate dispute with any charges for our services, we ask that you please contact us to resolve any payment problems or disputed charges. You understand that you will be responsible for all legitimate outstanding balances, including charges for services MEB provides up to and including the termination date, should it occur.
- Default / Collection Costs.** If you fail to comply with the terms of this policy, you may be charged reasonable attorney's fees and court or other collection costs as permitted by law and as actually incurred by MEB.

Signature: _____ Date: _____ Title: _____