

# Firm Setup **UT LAW**

Complete this form to set up your firm's free DocuBank account.

Fax completed form to 610-667-9726 or email it to providers@docubank.com.



**DocuBank**  
Instant Access to Vital Documents

## Contact Information

Attorney Name		Firm
Address (including city, state, ZIP)		
Phone	Fax	Email
Contact Person (paralegal, assistant, etc.)		Contact's Email

## Discounted Rates

1-year membership: \$20 per person - **save 63%** (\$55 retail)

5-year membership: \$60 per person - **save 65%** (\$175 retail)

## Special Introductory Offer

Ten 1-year memberships for \$99 with credit card prepayment (**save \$101**)

*Memberships must be redeemed within 1 year from 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)						

## Client Wallet Card Customization

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

*For example, name on Line 1, firm name 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 firm's logo to my clients' cards. Bill my credit card above for the one-time \$199 setup fee.

## Customization & Setup Call (*recommended*)

Schedule a Setup Call to maximize your marketing opportunities & train your staff.

- ☐ Call me (date/time): \_\_\_\_\_ ☐ Contact me to schedule a call.
- ☐ I have a client care program and am interested in renewing my clients' memberships.

We are electing to provide memberships in DocuBank Services to our clients. 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 clients to pursue membership renewals unless we elect to pay the client renewal and do so in accordance with DocuBank policy; does not accept responsibility for the

accuracy, completeness or updating of any client medical information provided to DocuBank; will attempt to contact my clients 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 client enrollment in DocuBank.

Signature	Date MM DD YYYY
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Phone: 610-667-3524

Fax: 610-667-9726

Email: providers@docubank.com