



GetPaidChiroSystems.Com Order Form

Small Claims System Only

____ I want to Get Paid from insurance companies and Attorney's who are ripping me off! Give me the Get Paid Small Claims book, Software Diskette, Stamp and one year of Dr. Ricchio's help for the fee of only \$99 down and \$99 per month (minimum 1 year)

Autodebit System Only

____ I want to Get Paid automatically every month from my patients checking, savings, Visa, Mastercard, and American Express accounts! Give me the Get Paid Autodebit System for the fee of \$99 down & \$99 per month! (100% Money Back Guarantee if You Don't Make Money!)

The Rub Club Massage System

____ I want to setup a \$100,000 per year Massage Wellness Program! Give me the Rub Club Massage Program, Photo's, Marketing Techniques and Dr. Ricchio's for a fee of only \$399 down and \$199/mo.

40-60 New Patient System

____ I want to learn how to get 40-60 new patients every month! Give me the Get Paid New Patient System with Dr. Ricchio's help for \$99 down & \$99 per month (minimum 1 year)

Get Them All Above "Special Price"

____ I want all the systems above plus Dr. Ricchio's Unlimited Personal Help for only \$299 down and \$99 per month (includes all books) (minimum 18 payments)

Name _____

Phone (_____) _____ Fax# _____

I authorize Dr Ricchio or assigns to debit or credit my business checking account attached for a minimum of 1 year. I understand all debits will be for a minimum of 1 year with automatic annual renewal and \$50 return debit charge. First and last month due at signing. This contract is receipt. Contract termination is by certified letter only.

Fax Copy Of Check

Signature Of Authorized Check Signer For Business Account

Date _____

Address _____

City _____ State _____ Zip _____

Fax Form To 888-739-6136

Our Phone 831-GET PAID