



# GetPaidChiroSystems.Com Order Form

## Insurance and Attorney Collection System

\_\_\_\_\_ I want to Get Paid from Insurance companies and Attorneys who are ripping me off! Only \$99 down and \$99 per month.

## GetPaid 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

## 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 for only \$399 down and \$99/mo.

## 40-60 New Patient System

\_\_\_\_\_ I want to learn how to get 40-60 new patients every month! Only \$99 down & \$99 per month

## PrePaid Chiropractic Treatment System

\_\_\_\_\_ I want to learn how to set up patients on 20-60 visit treatment programs. Only \$99 down and \$99 per month

## GetPaid MRI System

\_\_\_\_\_ I want to learn how to do my own MRI at my office. Purchase price of only \$995

## Multiple Doctor/Multiple Office System

\_\_\_\_\_ I want Multiple Offices. Give me the GetPaid Multiple Office System for only \$995

## Personal "On-Site" Programs

**Includes 100% money back guarantee, Unlimited 7 Day/Week Calls/Fax/Email, Free Seminars**

\_\_\_\_\_ (BASIC PROGRAM) Two Personal Onsite Visits from Dr. Ricchio (plus program fee's above) \$99 per mo./18 months

\_\_\_\_\_ (VALUE PROGRAM) Two personal Onsite Visits from Dr. Ricchio (Includes 3 programs) \$199 per mo./18months

\_\_\_\_\_ (PLATINUM PROGRAM) All systems above plus 3 Onsite visits from Dr. Ricchio for only \$399 per mo./18 months

**Name** \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ **Fax#** \_\_\_\_\_

I authorize Dr Geoff Ricchio D.C. or assigns to debit or credit my business checking account attached for a minimum of 18 months or for purchase price above. I understand all debits will be for a minimum of 18 months with automatic annual renewal and \$50 return debit charge. First and last month due at signing. This contract is receipt. Contract termination after 18 months is by certified letter only.

## **Copy of Business Check Only**

\_\_\_\_\_ **Date** \_\_\_\_\_  
Signature Of Authorized Check Signer For Business Account

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing#** \_\_\_\_\_ **Acc#** \_\_\_\_\_

**Fax Form To 888-739-6136 or Call 831-GET PAID**

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