



## Social Media Marketing Agreement & Options

**I would like Dentists4kids.com to provide me with the following services concerning my Social Media Marketing campaign:**

- Initial Business (Fan Page) Set-up on Facebook for a one time fee of \$149.
- Additional Account Set-up on Twitter for a one time fee of \$99.
- Monthly Postings by Dentists4kids.com to include 3 posts (articles) derived from information on my website or from information that follows the guidelines of the AAPD and links to recommended products or websites for a monthly fee of \$49.
- The same posts as mentioned above, but also placed on my Twitter account for a monthly fee of \$10.

**In order for Dentists4kids.com to get started we will need the following items:**

1) Your personal Facebook Email\*: \_\_\_\_\_

Password: \_\_\_\_\_ (You can change it after we establish your business page)

\* Note: Please be careful to give us the personal Facebook e-mail and password of an account that you will always have access to (business pages cannot be moved to other accounts per Facebook's current settings). It is not recommended to use your staff member's account. If you don't currently have a personal Facebook account, please go to [www.facebook.com](http://www.facebook.com) and sign up for free.

2) I would like for you to use the following image for my business photo image:

\_\_\_\_ Practice Logo

\_\_\_\_ My photo (from my bio)

\_\_\_\_ The following image currently on my website: \_\_\_\_\_

\_\_\_\_ Another image that I will send via e-mail

3) I would like the following unique name for my business page (ex: Westside Dental or John Smith, DDS). I understand that this name cannot be changed once established.

\_\_\_\_\_

4) A brief paragraph or statement describing your practice and what makes you stand out from other dentists in your area (leave this blank if you'd like for Dentists4kids.com to pull this information from your website).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I may cancel this agreement at any time with 30 days written notice. I realized that I will be provided complete access to my business page and will be able to delete posts or create my own posts if necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

# Dentists4kids.com

## Automatic Credit Card Billing Authorization Form

In order for us to provide the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### Customer Information

Customer name: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Payment Information

I authorize Dentists4kids.com to automatically bill the card listed below as specified:

Amount: \_\_\_\_\_ Frequency:  Monthly

Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_ End billing when:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Customer provides written cancellation

### Credit Card Information

Dentists4kids.com accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit card type: \_\_\_\_\_ Credit Card number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip Code (required): \_\_\_\_\_

(as shown on credit card)

(from credit card billing address)

Customer's signature: \_\_\_\_\_

Date: \_\_\_\_\_