



NEW CLIENT INFORMATION FORM

Return To:
Email: newclients@simple.us
Fax: 888-308-6009

CLIENT INFORMATION

Company Legal Name: _____
Type of Business: _____ Tax ID: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Number of Employees: _____ Effective Date: _____ Enrollment Dates: _____

CONTACT INFORMATION

Main Contact: _____ Title: _____
Phone: _____ Email: _____
Billing Contact: _____ Title: _____
Phone: _____ Email: _____
Enrollment Contact: _____ Title: _____
Phone: _____ Email: _____

SALES REP INFORMATION

Contact: _____ Firm Name: _____
Phone: _____ Email: _____
Tax ID: _____

EMPLOYEE/MEMBER INFORMATION

Do any individuals live in Oklahoma? Prescriptions will not be ordered or filled for 1-800MD in the state of Oklahoma, but the physicians will still consult and give treatment advice.

- Yes
 No

PRICING

- Employer Paid (\$5.95 per employee per month)
- Voluntary (\$9.95 per employee per month)
- Increased for fundraising purposes
Amount added _____

PARTICIPANT PAYMENT OF MONTHLY FEES

- Payroll Deduction by Employer (\$25 per month fee billed to client)
- Credit Card, Debit Card and/or Bank Account Draft by Individual
- Funded by the Employer

ENROLLMENT

- Group Provided List Enrollment (Simple file format required)
- Simple Provided Ordering and/or Employee Enrollment System

PROMOTION TO POTENTIAL PARTICIPANTS

- Sponsor-Provided Email Communication
 - Simple-Provided Email Communication
- Email Frequency: Weekly Monthly Annually Other _____
- Brochures Quantity _____
- Posters Quantity _____ Date Needed _____

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Sales Rep: _____ Sales Rep Initials: _____

Group Number: _____