

PHARMACY DEVELOPMENT SERVICES

WWW.PHARMACY-OWNERS.COM



My Virtual Manager
"The Difference is Real"

MEMBERSHIP LEVEL 1

MY VIRTUAL MANAGER™

SUBSCRIPTION ENROLLMENT

Client: _____ (hereinafter referred to as "you")

Company: _____ Date: _____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Fax Number: _____ Email Address: _____

Your Company Website Address: _____

Pharmacy Development Services, Inc. will provide you with the following:

1. A subscription to the innovative My Virtual Manager™ employee management software.
2. Extensive, pre-loaded pharmacy library
3. Software training
4. Technical support

Pharmacy Development Services, Inc. is an executive coaching, business development, consulting and educational company that provides services to independent pharmacies for the purpose of promoting improved business performance.

Guarantee

Try My Virtual Manager™ for 6 months. If you decide to cancel your subscription at any point during that period, we'll give you a 100% refund of all monthly fees paid, no questions asked.

Client Signature: _____ Date: _____

Pharmacy Development Services, Inc.:
Name: Daniel Benamoz, R.Ph, President

Signature: _____ Date: _____

2500 QUANTUM LAKES DRIVE • SUITE 203
BOYNTON BEACH, FLORIDA • 33426
PHONE: (800)987-7386 • FAX (888)726-9012

My Virtual Manager™ New Company Setup Form

Please print legibly and return the form by fax to (888)726-9012.
If you have any questions please call (800)987-7386.

Date:

Full Name: Prefix First Middle Last Suffix

Job Title:

Company Name:

Address:

City: State: Zip Code:

Business Phone: Business Fax:

Email Address: @

Enter Desired Login Information:

User Name: Password:

Time Zone (EST, CST, MST, PST?) Daylight Savings: Yes: No:

PDS My Virtual Manager™ Subscription Billing Authorization Form

Please complete all the sections below and sign the form. All requested information is required. If billing by credit card, upon approval we will automatically bill your credit card for the amount indicated and your total charges will appear on your next credit card statement.

Customer Name: _____ Phone:

Payment Information

Amount: **\$109/month/up to 35 employees**

\$159/month/up to 75 employees **\$249/month/up to 125 employees**

Start billing upon: _____ Activation End billing when: Customer provides written cancellation

Bill me annually - 10% discount **Bill me quarterly** **Bill me monthly**

Bill my credit card **Invoice me (Only available for quarterly and annual payment options.)**

Email address to send invoice: _____

Credit Card Information

PDS accepts the following credit cards:
Visa, MasterCard, American Express

Credit Card type:	Credit Card Number:	Expires (MM/YY):																		
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<p>Cardholder's Name (Please Print): _____</p> <p>(As shown on credit card)</p> <p>Cardholder's Signature: _____</p>	<p>Billing Address (required):</p> <p>Street or PO Box <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>_____ City, State Zip</p> <p>Date: _____</p>				

Please fax the completed form along with New Company Setup Form to PDS at (888)726-9012
If you have any questions please call (800)987-7386.