

**CRM User Agreement and Credit Card Authorization Form**

This User Agreement (“Agreement”) is made between America’s Health Care/RX Plan Agency, Inc., a Delaware Corporation (“AHCP”) and \_\_\_\_\_, as Agent (“Agent”). The Agreement is effective upon the later of Agent’s execution and delivery of the Agreement to AHCP or the Agent’s registration with AgentCubed Product Suite Services.

AHCP has obtained a discounted rate for the use of AgentCubed Product Suite Services by its agents. AgentCubed Product Suite Services provides agents with the ability to submit applications to the FFM and off- exchange carriers.

**Pricing:**

\$25.00 per month for the AgentCubed Product Suite

**Additional Costs for submitting applications with the built in Quotit platform:**

\$2.50 per supplemental application (AME, CI, and Dental)

\$5.00 per STM application

\$10.00 per Major Med application

\$2.00 per Medicare Supplement application

In order to activate and maintain this program subscription, Agent’s valid credit card must be on file with AHCP. You hereby agree to keep such credit card information current and timely provide updates of to AHCP. You agree that your credit card on file with AHCP will be charged monthly for the AgentCubed Product Suite Services fees and all applications submitted through the AgentCubed Product Suite. AHCP may charge the credit card on file until Agent notifies AHCP in writing that they want to discontinue the use of AgentCubed Product Suite Services. Agent hereby authorizes AHCP to charge Agent’s credit card on file for any unpaid fees. Agent understands that failure to pay the monthly AgentCubed Product Suite Services will cause termination of the services.

**Termination:** This Agreement may be terminated without cause by either party upon fifteen (15) days written notice. AHCP may terminate immediately “for cause” (as defined in Agent Guidelines) with written notice to Agent.

**Read and Understood.** Each party acknowledges that it has read and understands this Agreement and agrees to be bound by its terms.

I agree to the terms and conditions of this User Agreement Form

\_\_\_\_\_  
**Agent Name** **Email Address**

\_\_\_\_\_  
**Primary Phone** **Secondary Phone**

\_\_\_\_\_  
**FFM ID** **NPN** **SSN**

**Credit Card: (circle one)** Visa MasterCard

\_\_\_\_\_  
**Name as it appears on card** **Credit Card Number** **Exp. Date**

X \_\_\_\_\_

\_\_\_\_\_  
**Agent** **Date**



\_\_\_\_\_  
 Steve Trattner, President Date  
 America’s Health Care Rx/Plan Agency, Inc.