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Senior Referral Services Representation Authorization - (Valid through July 31, 2023)

Business _____
Name _____ Title _____
Address _____
Telephone _____ Email _____
City/Market _____
Business Category _____

The client authorizes RJW to include their business as a provider for RJW | Seniors Network Referral Platform that will act as an independent agent to offer referral services on behalf of the client in Atlanta, GA

- 1] The client will determine type of services and/or products offered and will be the sole party in deciding whether or not to accept a client or patient referral.
- 2] The client also reserves the right to change any aspect of their services, products, pricing and other representations of their business at any time while being a part of this referral platform.
- 3] The client agrees to make a timely follow-up contact with a prospective or returning referral when given the request by RJW.
- 4] RJW is not responsible for the actions of the client and the client is not responsible for any actions of RJW at any time.
- 5] RJW is responsible for their own staff, production, distribution and other related expenses in providing these services.
- 6] This agreement may be cancelled by the client at any time for any reason. RJW may cancel this agreement based on fraud, malfeasance or a pattern of poor client/patient feedback on services or products delivered.

The Client is to pay RJW according to the following fee structure.

- A] Program set-up fee of \$99.00 upon agreement
B] Referral fee of \$59.00 after a referred client/patient within seven days after receiving a first payment from the client via credit card, debit card or cash app to RJW. There is no other fee due from each referred client/patient after the one referral fee payment is received by RJW.

PAYMENT = If payment by credit/debit card please fill out the section below and scan and email this signed form to accounting@creativedevelopmentworks.com or fax to 1-888-263-4440

Credit Card Authorization [We can also send a secure payment link upon request via email]

Please charge the credit card below ONE TIME ONLY in the amount of \$ 99.00 _____

Card Number _____ Expiration Date _____

CVS [Security Code] _____ Zip Code Credit Card Bill Is Mailed To: _____

Authorized by _____ Date _____