

Free Month Guarantee Request Overview

Overview: Demandforce guarantees to generate \$3 in value for every \$1 spent on the system each month or the next month is free. In order to request a free month of Demandforce, please review the Section 10 of the Demandforce Terms & Conditions section you accepted during registration. If you qualify, please fill out the attached form at the bottom of the page and mail it back to:

Demandforce Customer Service
Attn: Free Month Request
22 4th Street, 11th Floor
San Francisco, CA 94103

Section 10 of Demandforce Terms and Conditions

10. Demandforce Guarantee; Limitations

Subject to the provisions of this Section, Demandforce shall credit your account an amount equal to the monthly subscription fee paid by you for a given calendar month in the event that you do not receive at least \$3 in Program Value (defined below) for every \$1 of monthly subscription fee paid by you in such month. This offer is only valid for the 6 calendar months after the completion of the free trial period. To qualify for such refund you must:

1. Be an existing Demandforce customer in good standing
2. Have at least 250 bona fide customers with valid email addresses entered into the Service
3. Complete and submit the Refund Request Form within 15 days of the end of the month in question.
4. Must have executed a custom promotion or newsletter within the past 45 days

Program Value as defined by Demandforce includes:

- \$1,000 for each new customer/patient that is generated by the Demandforce Referral Manager
- \$500 for each lost customer/patient visit that is generated through the system
- Total appointment revenue from a new or existing customer who was contacted via the System and came in for service within a 60 day time period
- \$30 for each customer satisfaction survey completed during such month
- \$50 for each referral made during such month whether the referral resulted in an appointment or not
- \$20 for each existing appointment that is re-confirmed by the customer
- \$30 for each public review completed during such month

Free Month Guarantee Request Form

Monthly Information

Month Requesting Guarantee: _____

Subscription Fee Paid: _____

Business Information

Business Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact Name _____

Contact Phone _____

Demandforce Value Calculation (for month in question)

Please fill out the following information for the month you are requesting

Number of Email Addresses in your System: _____

Demandforce Value Points	Quantity	Value	Total Value
Appointment Confirmations:	_____	\$20	<input type="text"/>
Public Reviews:	_____	\$30	<input type="text"/>
Satisfaction Responses:	_____	\$30	<input type="text"/>
Referrals Sent:	_____	\$50	<input type="text"/>
Appointments (Results Tab):	_____		<input type="text"/>
Lost Patient Visits:	_____	\$500	<input type="text"/>
New Patient Visits:	_____	\$1000	<input type="text"/>
Total Value			<input type="text"/>

Mail or Fax back to:
Demandforce Inc.
425 2nd Street, Suite 425
San Francisco, CA 94107
(415) 532-2800 FAX