

THE DOCTORS' EXCHANGE

Telephone
(504) 454-7382
(985) 220-1212
(800) 987-8645

Telephone Answering Service
"One Less Thing To Worry About"
www.doctors-exchange.com
19399 Helenbirg Rd, Ste 1
Covington, LA 70433

Facsimile
(504) 888-3275
(985) 292-1192
(866) 388-0774

SERVICE AGREEMENT

This Agreement for Service, executed by addressee ("Subscriber"), remains in force until a signed written notice to the contrary is received by either Doctor's Exchange, Inc. d.b.a. The Doctors' Exchange ("Company") or Subscriber.

- CLIENT INFORMATION/USE OF SERVICE:** Subscriber agrees to use Company's services in a lawful manner in accordance with all Local, State and Federal Laws. Further, Subscriber agrees to notify Company in writing of all changes in Subscriber information and call handling instructions.
- THIRD PARTY CARRIERS:** Subscriber acknowledges that all radio paging, digital paging, numeric paging, alphanumeric paging, PCS dispatching, text messaging, and emailing done by Company is performed through third party carriers and Company liability for transmissions ceases upon the acceptance or verification of paging data sent to the appropriate carrier. No warranties are given or assumed as to the reliability of such third party carriers.
- SERVICE FAILURES:** No liability shall, in any case, attach to Company should service failures occur by local or long distance telephone carriers, paging or cellular carriers, leased, rented or cloud based systems or Company's own equipment.
- TERMS:** Subscriber agrees to remit payment by the 20th of each month. Payments received after the 28th of the billed month may be subject to late charges which shall be the greater amount of 1.5% or \$10.00.
- NON-PAYMENT CANCELLATION:** In the event of non-payment, as determined by Company, Company may cease to furnish service without notice and may withhold messages until all charges have been paid. Subscriber shall pay all fees, commissions, or costs of any action instituted for collection of past due amounts.

Print Name: _____ Date: _____

Signature: _____ Title: _____

Company: _____