

Group Enrollment Form
(Please print clearly)



1. **Group Name:** _____
2. **Street Address:** _____
3. **City, State, Zip:** _____
4. **Telephone #:** _____ **Fax#:** _____
5. **Website URL:** _____
6. **Primary Contact Person:** _____
7. **E-mail:** _____
8. **Secondary Contact Person:** _____
9. **E-mail:** _____
10. **Checks payable to:** _____

Our nonprofit organization understands and agrees to the following:

- This service is 100% complimentary (unless a custom online mall is requested, which requires a 1-time set-up fee of \$95.00), and may be cancelled at any time.
- Payments are due semi-annually (90-180 days in arrears), subject to a minimum of \$75.00. We will receive detailed Sales Activity and Remittance Reports each April and October, detailing all transactions occurring via our mall.
- Commissions payable are listed adjacent to the merchant name in the mall
- Commissions are only payable via merchant transactions “in the mall”. Any purchases or activity via sponsored advertising links are not commissionable
- The quarterly commission schedule below includes all standard + bonus income payable by merchants, PLUS all temporary incentives commissions and performance-based advertising fees:
 - Gross earnings up to \$5,000 = 50.00%
 - Gross earnings \$5,000-\$20,000 = 70.00%
 - Gross earnings \$20,000+ = 90.00%

Example: Your organization grosses \$11,000 in a quarter. Your commission will be 50% of the first \$5,000 (\$2,500) + 70% of the \$6,000 balance (\$4,200) for a total of \$6,700.

CareClicks.com LLC will not be responsible for commissions earned that may be uncollectible from a merchant for any reason. All future commission and bonus amounts are subject to change by merchants or CareClicks.com LLC without notice.

Name _____ Title: _____

Signature: _____ Date: _____