

QSI's QUIC Purchase Order– FastForward

To: Quality Systems. Inc.
 18191 Von Karman Ave., Suite 450
 Irvine, CA 92612

Attn: Charlene Buzea
 Tel: (949) 255-2616, Ext. 274
 Fax: (949) 255-2605

Practice Name (Buyer)

Address

City, State Zip

Contact Person

Phone Number

QUIC Fast Forward Service-NCOA^{Link}

Customer agrees to pay QSI the amounts indicated below for each electronically processed transaction.

<i># Electronic Updates Per Month</i>	<i>Standard Price Per Electronic Update</i>
All Transactions	\$.60

Transactions for which Customer will be billed will be computed based on the QUIC Electronic Transactions Submission Daily Report. The Customer will be billed monthly for the previous month's QUIC transactions.

1. Select a Postal endorsement that will appear on your statements (check box). This will determine how the USPS will handle your mail IF there is no change available in the NCOA^{Link} (FastForward) Service and the mail is undeliverable.

You must select ONE of the following:

Address Service Requested

For the first 12 months that the address has changed, The USPS will send you a post card with the new address on it and charge a fee payable by your office. The mail will be forwarded to the address as supplied on the change of address card submitted by the USPS. 1 year after the address change, the USPS will return the mail piece to your facility with the reason, or address update. No fee will be charged for these returned mail pieces.

Return Service Requested

The USPS returns any undeliverable mail with a new address or reason for non-delivery to you at no charge.

Temp Return Service Requested

This covers the 'Snow-Birds' that have a temporary change on file at their local post office. The mail is re-directed to the address they provide with no notification to you. There is no fee associated with this service.

No Service requested: This will cause your statements to have no postal endorsement on them.

2. Provide your companies NAICS/SIC ID code _____. This code is used to identify your type of business to the USPS and can be found at <http://www.census.gov/epcd/naics02/naico602.htm>. Per the USPS, this code is MANDATORY.

621111 Offices of Physicians (except Mental Health)
 621210 Offices of Dentists
 621320 Offices of Optometrists

621391 Offices of Podiatrists
 621512 Diagnostic Imaging Centers
 622110 General Medical and Surgical Hospitals

Signature

Date

Notes:

1. Payment terms - due monthly upon receipt of invoice. Delinquent accounts may result in termination of QSI's responsibility for retrieval of claims.
2. Interest will be charged on late payments at the rate of 1.5% per month on all overdue amounts.
3. Customer agrees to pay all local, state or excise tax, as required by law.
4. Customer agrees to pay above amount to Seller for each electronic update to Customer's software system.

Software License Agreement

As with all QSI software, the services and software included in this purchase order are licensed for operation on a specific QSI turnkey system or IBM compatible PC. The buyer agrees by signing this purchase order that The QUIC Network services and software purchased with this purchase order are covered by the terms and conditions specified in the Program License Agreement and executed as a part of the purchase of the aforementioned QSI turnkey systems/31/05



NCOA^{Link} Processing Acknowledgment Form

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each NCOA^{LINK} licensee have a completed NCOA^{LINK} PAF for each of their NCOA^{LINK} customers prior to providing the NCOA^{LINK} service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

*** FILL OUT LIST OWNER SECTION ONLY***

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City/State/ZIP+4

() -

Telephone Number

Tax Identification Number (TIN)

NAICS/SIC
[NAISC CODE LOOKUP](#)

Parent Company Name

Marketing or "DBA" Co. Name or Primary Affiliate Co. Name

Name (Please print)

Title

/ /

Signature

Date

I do hereby acknowledge that I have received and reviewed the NCOA^{LINK} Information Package (Fast Forward Info Pack-one page) supplied to me by QSI, a NCOA^{LINK} Limited Service Provider Licensee. I also understand that the sole purpose of the NCOA^{LINK} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{LINK} may not be used to create or maintain new movers lists

LICENSEE

Business Name (Please print)

Name (Please print)

Title

/ /

Signature

Date

() -

Telephone Number

Tax Identification Number (TIN)

BROKER/AGENT **LIST ADMINISTRATOR** (Check applicable box)

Quality Systems, Inc.

Business Name (Please print)

18191 Von Karman 450.

Address

Charlene Buzea

Name (Please print)

Irvine, CA 92612

City/State/ZIP+4

e-Business Rep.

Title

07 / 13 / 2005

Signature

Date

(949) 255 - 2600

95-2888568

Telephone Number

Tax Identification Number (TIN)

NAICS/SIC

For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: