

Healthy Practices, Inc.  
1228 Quarry Lane, Ste A  
Pleasanton, California 94566  
925.417.7042

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HPI Price Sheet & Credit Card Authorization  
Please print this form, fill out completely and fax to 925.417.7046.

### Special Introductory Pricing

<input type="checkbox"/> HPI Business Website - <a href="#">click to view</a>	<input type="checkbox"/> \$595 annual fee w/ set-up fee waived or <input type="checkbox"/> \$55/mo fee with \$95 set-up fee
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### Associate Options

Community Calendar - <a href="#">click to view</a>	<input type="checkbox"/> \$50 annual fee w/ \$20 set-up fee or <input type="checkbox"/> \$5/mo fee with \$25 set-up fee
Upload Special Articles - <a href="#">click to view</a>	<input type="checkbox"/> \$50 annual fee w/ \$20 set-up fee or <input type="checkbox"/> \$5/mo fee with \$25 set-up fee
Dedicated Domain Name - new or transferred	<input type="checkbox"/> \$50 annual fee w/ \$20 set-up fee or <input type="checkbox"/> \$5/mo fee with \$25 set-up fee
Customized eNewsletters - <a href="#">click to view</a> - HPI Monthly eNewsletter - Sign-Up Page - Email own newsletter 4x/mo	<input type="checkbox"/> \$140 annual fee w/ \$50 set-up fee or <input type="checkbox"/> \$15/mo fee with \$50 set-up fee

### eMagazine

Health & Home Community eMagazine <a href="#">click to view</a>	<input type="checkbox"/> \$595 annual fee w/ \$150 set-up fee or <input type="checkbox"/> \$55/mo fee with \$195 set-up fee
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- Here is my check with **payment in full**: Amount \$ \_\_\_\_\_ Mail check to: Healthy Practices, Inc.  
1228 Quarry Lane Ste. A  
Pleasanton, CA 94566
- I want to use my credit card for **payment in full** or **monthly payments**. Indicate totals below:
- Annual Fee \_\_\_\_\_ Start-Up Fee \_\_\_\_\_ or  Monthly Fee \_\_\_\_\_ Start-Up Fee \_\_\_\_\_

Based upon menu items checked above, the undersigned authorizes *Healthy Practices™*, Inc. to charge the credit card specified below for services provided by *Healthy Practices™*, Inc. Agreement extends for one year from date website launches. The undersigned agrees to be responsible for any expenses incurred by *Healthy Practices™*, Inc. in the event that the undersigned fails to pay their credit card company for any or all fees. I also understand that there is a NO refund policy for these services.

I, \_\_\_\_\_, agree to pay the charges from *Healthy Practices™*, Inc. as detailed above. I am an authorized user of this credit card.

Indicate credit card being used:  Visa  Master Card  American Express  Discover

Card # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Card Holder Name

\_\_\_\_\_  
Credit Card Billing Address, City, State, Zip

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date