

INT	ERNAL USE ONLY	
	□New	
	☐ Change	
	☐ Renewal	
AM:		

Full-Service Account Agreement

Please complete, verify, and sign this Agreement below. Return the signed Agreement to your EDEXIS account manager. support@edexis.com / 209-231-6700 fax / 209-223-3461 office

support@edexis.com / 209-231-6700 fax / 209-223-3461 office						
CONTRACT TERM						
☐ Month-to-month (renews automatically)	Contract Term (annual plans	only)				
☐ Annual ☐ Automatic renewal	Start date:	Renewal date:				
COMPANY INFORMATION						
Company name:		NPI #:				
Account Owner/CEO/President:						
Account Owner Phone:						
Physical street address:						
Physical City, State, Zip code:						
Mailing address (<i>if different</i>):						
Mailing City, State, Zip code:						
Main phone number:						
Main fax number:						
Accounts Payable contact name:		Phone:				
ACCOUNTS PAYABLE EMAIL →:						
CREDIT CARD PAYMENT INFORMATION	ON					
payment. You hereby authorize EDEX Inforfor each billing cycle. Please contact EDEXI Pursuant to the Terms of Use, I understand credit card expires, if payment is declined Credit card number:	mation Systems to automatically S at (209) 223-3461 or support@e d my account may be temporarily by the issuing bank. or the accour	piration date (month/year):				
Cardholder name:						
Billing address:						
AUTHORIZED SIGNATURE						
	ave the legal authority to open, re	reement, and agree to comply with all terms and enew, or make changes to this account on behalf of ave the same intent as a wet signature.				
Signature:	Print name: _					

Title: ______ Date: _____



Full-Service Account Standard Pricing

All Full-Service accounts require a valid credit card on file with EDEXIS for automatic monthly payment. Credit terms with monthly billing may be available for qualified accounts. Terms apply. Please contact your EDEXIS Account Manager at (209) 223-3461 or support@edexis.com for our high-volume, government, flat rate, or vendor conversion pricing options.

	Annual Plan Monthly Plar	
	1 year term	Cancel anytime
Account Fee (primary account)	\$199.00/year	\$25.00/mo.
Sub-account annual fee (pro-rated if added during your 1-year term)	\$50.00/ea.	Not available

1. EDEX TRACKING - CALIFORNIA WORKERS' COMPENSATION COURT DATABASE SEARCHES AND TRACKING

SEARCHES: Quickly locate injured worker cases by Social Security Number (SSN) or EAMS Reference Number (ERN), or access any WCAB case directly by its case number (ADJ).

EDEX SSN, ERN and ADJ searches: \$1.50 \$2.50

AUTOTRACK: Watch for new WCAB cases by Social Security Number (SSN) or EAMS Reference Number (ERN).

Receive case data automatically when the WCAB opens new cases for a tracked injured worker.

AutoTrack by SSN or ERN: \$0.25 \$0.50

Autotrack Case Opening Notifications: \$1.25 \$2.00

CASEWATCH: Monitor any WCAB case by ADJ case number. Receive all EDEX hearings, events, and party updates.

Watch a WCAB case by ADJ case number: \$1.50

Hearing and Event Notices: \$0.25 \$0.50

\$2.50

Case Party Changes and Address Update Notices: \$0.25 \$0.50

2. EDEX FILING - CALIFORNIA WORKERS' COMPENSATION EAMS ELECTRONIC COURT DOCUMENT FILING

EAMS JetFile Form and Document Filing: \$0.99/filing \$1.25/filing

3. EDEX MAILING - UNITED STATES POSTAL DOCUMENT MAILING SERVICES

First-Class Aggregated U.S. Mailing (B/W, duplex): \$1.25/party \$1.25/party

US Postal Mail tracking included free with every order. Eight page images are included with each order. Additional page images will be billed at \$0.07/ea. EDEXIS e-Signed legal **Proof of Service Form** available. Your custom logo and tagline are available for Certified and First-Class daily mailings. Daily (non-aggregated) mailing prices vary by service type selected, weight, options, and postal surcharges. Priority Mail, Certified Mail, Certified with Return Receipt, and additional service types are normally available. Self-addressed stamped envelopes, check printing inclusion, simplex, and other mailing options may also be available. The cost of each document mailing order is updated on-screen in real-time during the order process. Account users are required to review and accept the mailing cost estimates we provide on-screen prior to submitting an order. Mailing and extra page rates subject to change.

Signature:	Name:	Date: