



MANAGED SERVICES AGREEMENT:

Date: _____

Dealer Name: _____

Address: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

AGREEMENT FOR SERVICES:

Upon completion of this agreement, Service Provider agrees to fulfill the following for the above stated business:

SERVICE	CONTACTS	UNIT PRICE	TOTAL
			\$
			\$
TOTAL DUE UPON RECEIPT			\$

Method of payment: Check Card (3% Credit Card Processing Fee will be applied)

Notes: _____

ACKNOWLEDGEMENT:

Before I sign this agreement, I acknowledge that I have read, understood and agree to be bound by these Terms.

Service Provider warrants its services will be performed in accordance with all applicable laws. Service Provider agrees to preserve the confidentiality, integrity and accessibility of Client data. Service Provider also agrees that at no time is Client's data to be shared, sold or displayed to any other parties without the express written consent of Client.

Client agrees and warrants that in using the services and otherwise conducting its business, Client will provide accurate and up-to-date information which Client is legally allowed to possess and use, and will comply with all applicable laws and regulations, including without limitation the FCC's Telephone Consumer Protection Act, the FTC's Telemarketing Sales Rule, the CANSPAM Act, data privacy laws, and all other applicable laws, regulations and industry best practices. Client also warrants that it has any required "express written consent" to contact the numbers provided/purchased, and that such consent is well documented and in the possession of Client. Client agrees to use the Services in full compliance with all laws and understands that Service Provider is not managing compliance for Client. Client may not use this Service for any unlawful or discriminatory activities, including acts prohibited by the Federal Trade Commission Act, Fair Credit Reporting Act, Equal Credit Opportunity Act, or other laws that apply to commerce.

Client assumes complete responsibility for any Approved Communications sent by Service Provider on behalf of Client including any violations that arise, holding Service Provider and its Agents and Representatives harmless. Client agrees to defend, indemnify and hold harmless, including by paying reasonable costs and attorney fees, Services Provider, along with its owners, officers, managers, employees, contractors, affiliates and agents, from and against any claim, suit, investigation, fine, cost or expense related, directly or indirectly to Client's use of the Services or any actual or alleged breach of these terms, or of any law or regulation.

Client agrees that any claim or suit between the parties shall be brought and heard only under Nevada law and in the courts of the State of Nevada, and the State and Federal courts in Clark County, Nevada shall have exclusive jurisdiction over the same and that venue shall be appropriate in the same. In any such proceeding, if Service Provider substantial prevails, Client shall pay all costs, expenses and reasonable attorney fees of Service Provider within 30 days of Service Provider's written demand for such reimbursement.

Any changes to your campaign once it has begun will incur a \$75 Fee prior to changes being implemented. All credit card payments will incur a 3% processing fee applied to the total. Payment is due *prior* to your campaign launching. Service Provider reserves the right to not run scheduled services until payment is received. Accounts not paid within 15 days of the date of the invoice, or within 15 days of a scheduled payment, are subject to losing any applied discounts and becoming due in full immediately. Service Provider further reserves the right to enforce a 10% annual interest on the full amount due until fees are paid.

Authorizing Signature: _____ Title: _____

Print: _____ Date: _____



COMMUNICATIONS TEMPLATE

Please approve the messages below to execute your campaign:

VOICEMAIL TEMPLATE

TEXT MESSAGE

EMAIL TEMPLATE

Authorizing Signature: _____

Title: _____

Print: _____

Date: _____



MANAGED SERVICES AGREEMENT:

FULLFILLMENT DETAILS:

Complete the following details for us to execute your campaign:

PLEASE PRINT CLEARLY

Campaign Schedule:

Please specify the day, date, approximate time, and number of contacts to include in each campaign drop

Week 1:	Contacts:
Week 2:	Contacts:
Week 3:	Contacts:
Week 4:	Contacts:

Campaign Information:

Please specify the contact we may send our messages from, and the phone number to have customers call back:

Salesperson Name: _____

Email: _____

Phone Number: _____

Send excel/.csv file of contact records via email to:

Austin@ReliableResponse.io

REQUIRED:

No campaign can begin without: **(1)** a complete campaign schedule, **(2)** complete campaign information, **(3)** your contact database and **(4)** this signed invoice accepting services and authorizing communications.