

Non-Disclosure Statement

Ronald J. Farabaugh, D.C., Inc.
DBA Chiro Ltd. and/or ChiroSystems
form to 614-898-1945

NOTE: Print out and fax this

or scan and email this completed

form to chironf@aol.com.

Presents this material to:

Doctor: _____

Address: _____

Phone: _____

Email: _____

I shall not disclose, or reproduce without written permission, any information obtained through the material within, or any other materials obtained through practice analysis, training, and/or monthly consultation with Chiro Ltd, and/or Dr. Farabaugh, or any Chiro Ltd. coaches, staff, independent contractors, or their principles and employees to anyone. I understand that this disclosure agreement also pertains to my staff and/or family. I am personally responsible for complying with my own state's regulatory requirements.

Doctor: _____

Spouse: _____

Date: _____

I authorize Dr. Ronald J. Farabaugh Inc, dba Farabaugh Chiropractic Office, ChiroLtd. and/or ChiroSystems to charge my credit card **\$99** on the 1st of each month, beginning with December, 2009 in exchange for monthly practice management information and access to the monthly teleconference. I understand there are no long-term contracts, and this service can be cancelled at any time upon a 30 day written notice.

Client Signature

Date

Credit card #

Exp. Date

Security Code #

Name as it appears on your card.

(Note: If the address of the credit card is different than above, please provide corrected address.)