

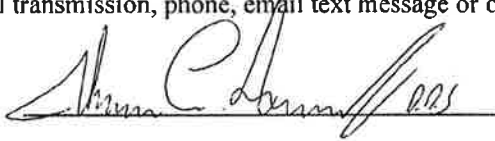
Full- Disclosure And Contract Agreement

By signing below, I confirm that I understand, affirm and authorize the following information: Belvedere Marketing Group LLC, DBA Local Search For Dentists, a Texas Corporation, will perform all the deliverables listed on www.LocalSearchForDentists.com/order and that rankings or results on Google, Yahoo, Bing and the Internet are not guaranteed. The name and personal information provided on this form are true and correct. I authorize Local Search For Dentists to bill my credit card \$1997.00 or 3 payments of \$833.33 based upon the pricing plan chosen for the cost of the setup fee and \$497.00 per month every 30 days. All credit card transactions will be processed using a secure online internet e-commerce gateway system. These charges are non-refundable and I waive all chargeback rights.

I understand that the commitment for this program is a minimum of 12 months from the date of this agreement. Local Search For Dentists reserves the right to cancel this agreement at any time. This Agreement shall be governed by the laws of the state of Texas. In the event that litigation, mediation or legal action results from or arises out of this Agreement or the performance thereof, the Parties agree to litigate and resolve in the state of Texas.

If I breach this agreement and/or cancel prior to or during the initial 12 month commitment, I understand that I will be automatically charged a \$5000 early termination fee. In the event I sell the practice, retire, or for any other reason do not associate with the practice I will be personally obligated to fulfill this agreement and monthly payments associated with said agreement. If I so choose to cancel this service on or after the initial 12 month commitment, I must provide 60 day written notice on official Local Search for Dentists cancellation documentation and I am obligated to pay for these two months of services. This form must be returned via fax or parcel. Digital transmission, phone, email text message or other means will NOT be accepted.

Sign Name:



Print Name:

Thomas C. Inman, Jr., D.D.S.

Date:

2-23-2015

Please sign and fax to 510-201-6529 or scan and email this document to info@localsearchfordentists.com