



Electronic Signature Application

COMPANY NAME: _____

COMPANY ID: _____

CONTRACT DATE: _____

COMPANY LOGO:

Option 1

Send logo as an e-mail attachment to: logo@treatwrite.com

Please note: any image file is acceptable, such as: .jpg .eps .png .pdf

Option 2

Paste logo in box to the right and fax to: 336-982-3747

Please note: your fax machine must be color fax capable, otherwise your logo will be processed as black & white

ELECTRONIC SIGNATURES (FOR USERS LISTED BELOW):

1. Sign the form in the signature box below.
2. Include licensing credentials.
3. For best results, sign using a fine, black, felt tipped marker.
4. **Keep the signature completely away from the outside lines of the box. Anything touching the outside lines will be removed from the final image. A faint dotted line is provided as a guide for those who prefer "to sign on the dotted line".**
5. Please allow 2-3 days for processing.

Thank you for joining TreatWrite!

**USER NAME AND TREATWRITE
10 DIGIT NUMBER:**

Sample Name 1234567890

SIGNATURE BOX:

Sample Signature, M.S.CCC-SLP
