


COLOCATION SERVICE AGREEMENT

Third Generation Network 20 W. 36th Street, 2nd Floor New York, NY 10018 ph: 212.631.8100 fax: 212.379.1230

Account Type	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Account #	Agent Code	Salesperson
Order Type	New <input type="checkbox"/>	Move <input type="checkbox"/>	Change <input type="checkbox"/>	Billing Only Change <input type="checkbox"/>	Date

CUSTOMER/ BILLING INFORMATION		INSTALLATION SITE INFORMATION	
Company/Name:		Company/Name:	
Billing Contact:			
Technical Contact:		On Site Contact	
Tel. #:	Fax#:	Tel. #:	Fax#:
Email:		Email:	
Billing Address		Installation Site Address	
Rm/Suite/Floor		Rm/Suite/Floor	
City:		City:	
State:		State:	
Zip:		Zip	

CONTRACT INFORMATION			AUTHORIZATION
Type of Service	COLO	Plan/Code	I have read and understand the terms and conditions on the attached contract. I understand that I will be charged a cancellation fee prior to the termination period of the contract equal to 100% of the remaining term. I also understand there is a \$250 cancellation fee if cancelled prior to the installation. I authorize Transbeam, Inc. to charge the Internet service fees and all related recurring and non-recurring fees as invoiced each month to my credit card account listed on this agreement. Transbeam, Inc. shall have the right to charge any credit card or bank account on file when invoices are due. I also authorize the immediate charge of the full amount indicated on the accompanying Service Order as the One-Time total plus the first month's recurring fees; immediate charge of non-recurring fees such as missed appointment fees, cancellation fees, and termination fees.
Unit/Rack		Monthly Chg	
Port / Qty / Code:	Unit	Monthly	
PORT	Cost	Chg	
IPTransit/Code=	Unit	Monthly	
IPTRAN	Cost	Chg	
Service Term		Addn'l Equip	
Installaiton Charge	Code	Monthly Chg	
		INSTAL	

Completed by Transbeam	Authorized Signature:
Circuit ID	Live Date
Network/Carrier ID	Print Signature:
Wan IP	Title:
	Lan IP
	Date:

COMPANY PROFILE		CREDIT CARD INFORMATION	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Residence	Payment Type:	<input type="radio"/> MC <input type="radio"/> Visa <input type="radio"/> AMEX
<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Sole Proprietorship	Card Number:	
Type of Business:		Name on Card:	
Name Of Owner/Partner:		Billing Address:	
Fed ID or SS#		City:	State: Zip:
		Expiration Date:	CVV #

Service Notes:

Refer to Product Guide for all service codes

|