

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/ BILLIING INFORMATION	INSTALLATION SITE INFORMATION
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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: Zip:	State: Zip

CONTRACT INFORMATION	AUTHORIZATION
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Type of Service Plan/Code	I have read and understand the terms and conditions on the attached contract. I understand that I will be charged a \$700 cancellation fee prior to the termination period of the contract. If I return the router, I will only be liable for a \$300 fee. 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.
Phone number for ADSL Line Share	
Installation Chg Router	
Bandwidth Speed Monthly Chg	
Service Term Addn'l Equip	
Web Hosting Address	
Addn'l Email: Qty & Price Addn'l IP's (quantity & Price)	Company Name:

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

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

Service Notes:

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