

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

CUSTOMER/ BILLING INFORMATION **INSTALLATION SITE INFORMATION**

Company/Name:			Company/Name:		
Billing Contact:			On Site Contact		
Technical Contact:			Tel. #:		
Tel. #:		Fax#:	Cell Phone		Fax#:
Email:			Email:		
Billing Address			Installation Site Address		
Rm/Suite/Floor			Rm/Suite/Floor		
City:			City:		
State:		Zip:	State:		Zip

CONTRACT INFORMATION **AUTHORIZATION**

Type of Service	Metro Ethernet	Monthly charge	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.
Plan/Code		Service Term	
Installation Chg	Plan Code	Router Plan Code	
Bandwidth	unit Cost	NRC	
Monthly Charge	Plan/Code: BANDW		
Port / Qty / Code: PORT	unit Cost	Monthly Cost	
Mileage / Qty / Code: MILES	Unit cost	Monthly Cost	

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**

<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:

