

Commercial Wireless

Prepared by _____

| | |
|----------------------------|---------------------------|
| Date Ordered | ___/___/___ |
| Installation Date&Time | ___/___/___ :___ am pm |
| Contract Expiration | ___/___/___ |

| | |
|---|-----------------|
| Platypus account number _____ | Tower _____ |
| Business Name _____ | Router _____ |
| Physical Address _____ | CPE IP _____ |
| City, State, Zip _____ | PPP IP _____ |
| Contact _____ | Static IP _____ |
| Billing Address _____ | |
| City, State, Zip _____ | |
| Phone _____ Alternate _____ | |
| Contact Email _____ | |
| (What Email do you want us to send statements and other critical information to?) | |

| | |
|---------------------|----------------|
| Email Address _____ | PPPoE _____ |
| Password _____ | Password _____ |

Monthly Charges

| | |
|---|-----------------|
| Charge for service | \$ _____ |
| Special discount _____ | (\$ _____) |
| Total monthly service charge | \$ _____ |
| Additional email accounts (\$10 for 50) | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |
| Total monthly charge | \$ _____ |

Bill to:

Visa Mastercard Discover AMEX

Card # _____

Expiration ___/___ Security Code _____

Name on Card _____

ACH (attach authorization and voided check)

Future wireless billings will occur on the first of every month. At the time of the installation, you will be billed a pro rata amount to complete the current month and your first full month of service. On the first of each month thereafter, you will be billed the full amount noted under "total monthly charge."

Current Charges

| | |
|---|-----------------|
| Install fee/Equipment fee | \$ _____ |
| Promotion: _____ | \$ _____ |
| First month of service | \$ _____ |
| Excess install hours ___@ \$75 per hour | \$ _____ |
| Subtotal | \$ _____ |
| Additional equipment/materials/service | _____ \$ _____ |
| _____ | \$ _____ |
| Applicable Taxes | \$ _____ |
| Total current charges | \$ _____ |

Bill to:

Visa Mastercard Discover AMEX

Card # _____

Expiration ___/___ Security Code _____

Name on Card _____

ACH (attach authorization and voided check)

Comments _____

Installer _____

I either own the residence/business at which the installation is being performed or I have permission from my landlord to have the equipment installed. I have inspected the installation and agree that it has been performed in a neat, professional manner. I understand that if I choose to move service to a different location there will be a \$100 relocation fee charged and payable at the time service is moved. I understand that if I alter the installation in any way I will be charged the regular hourly service fee. I understand that all service calls are billed at \$65 per hour. (Hourly Rate is subject to change) I agree to keep all services ordered for the term of my contract or I will forfeit any service/installation/equipment discounts that were extended as part of a promotion or incentive, and I will be liable for 30 percent of the remaining contract with a minimum of \$100. I agree to allow Stouffer Communications to recover these amounts through a charge to my credit card or as an ACH debit to my checking account based on my method of paying for service. In the event Subscriber should refuse to return the CPE or the same is not returned in proper undamaged condition within seven days of termination or is damaged by customers or person(s) hired by customers, Subscriber agrees to pay a sum of \$450.00 as damages for the CPE. In the event Subscriber should refuse to return the injector box and/or power supply within seven days of termination, Subscriber agrees to pay a sum of \$50.00. Payment of damages will be made using the same method as payments of monthly service charges or by credit card on file. In the event that it is necessary for Stouffer Communications to commence legal proceedings for the recovery of the CPE or the value thereof, Subscriber agrees that any judgment obtained against him or her shall include reasonable attorney's fees and any and all court costs incurred. I understand I need to give, no less than, a two week notification to terminate services for scheduling allowances. I understand that I will be charged \$25 for any payment that does not process due to insufficient funds or for any other reason. I understand that it is my responsibility to notify Stouffer Communications if my contact email, or credit card number on file changes/expires or if equipment needs to be moved for any reason.

Signature _____

Date _____