

Residential Wireless

Prepared by _____

Date Ordered _____/_____/_____
 Installation Date&Time _____/_____/_____ :____ am
 pm
Contract Expiration _____/_____/_____

Platypus account number _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Alternate _____ Contact Email _____ (What Email do you want us to send statements and other critical information to?)	Tower _____ Router _____ CPE IP _____ PPP IP _____ Static IP _____
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Email Address _____ Password _____	PPPoE _____ Password _____
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Contract	Monthly Rate	Installation cost	Activation	Bandwidth	
<input type="checkbox"/> One Year	\$59.95	\$200	\$99	Burstable: 1.5Mb down/ 768 Kb up	* 1st Year: \$59.95/month 2nd & 3rd Year: \$39.95/month
<input type="checkbox"/> Two Year	\$49.95				
<input type="checkbox"/> Three Year *	\$59.95/\$39.95				
<input type="checkbox"/> Other	\$ _____	\$ _____	\$99	Burstable : _____ down/ speeds _____ up	** The "out of contract rate" of \$59.95 will apply at the end of current contract term unless a new contract is in force. (Customer will be notified in advance of contract expiration)

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."

Comments _____

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)

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 _____