

Convenience



convenienceatms.com

WIRELESS ACTIVATION FORM

Fax or email to Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801
Phone: 1-877-624-ATMS Fax: 1-866-757-2132 Email: info@convenienceatms.com

ACTIVATION INFORMATION (this section for use by Convenience ATMs Inc)

Date:	Router Manufacturer:	ATM Type:	Router Serial #:
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LOCATION INFORMATION

Name of Location Where Router is Being Placed:

BILLING INFORMATION

Cardholder Name:

Address (used for Credit Card billing):

City, State, and Zip Code:

Email Address: Phone:

PAYMENT METHOD

Pricing: Monthly Service Fee is **\$25 US** per wireless data line (to a maximum of 900 transactions per month). Overages will be charged at the rate of \$.05 per transaction. The initial activation/setup fee is **\$75 US**.

Term: The initial term of this agreement will be two (2) years from the date of activation. This agreement shall be automatically renewed after the initial term for successive one (1) month terms unless cancelled in writing thirty (30) days prior to or anytime after the end of the initial term. If service is ended before the end of the initial term a \$250 early termination fee may be charged per wireless number. Upon termination, if equipment is leased, customer agrees to return the equipment to the company address above in good working order, if not returned a \$300 equipment charge will be charged in addition to any early termination fees. All terminations and / or suspensions of service must written and sent via fax or email to the fax/email listed above.

Authorization: Monthly Service Fee will be charged to your credit card or bank account (ACH electronic check) automatically on about the same day of each month. Invoices overdue for thirty (30) days or more will automatically cause wireless service to be deactivated without notice. A re-activation fee of \$50 US will be charged to reactivate the line. Customer agrees to pay a \$35 returned fee for any unpaid monthly fees or returned items. By signing this form you are agreeing to be personally responsible for payment of all charges associated with this account and are representing that all information that you provided is accurate. A copy or fax of this form with your signature is the same as the original.

Select Payment Type: VISA ___ Mastercard ___ Discover ___ AMEX ___ ACH Electronic Payment ___
**** (If paying by ACH electronic payment a separate ACH electronic check form must accompany this activation form)**

Credit Card Number:

Expiration Date: / Card Code (CVV Code on back):

Customer Signature: Print Name: Date: