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|  |
| Communication Type: [ ]  CDMA [ ]  GSM | Promo Code:          |
| **DEVICE INFORMATION** |
| Device Serial: |       |
| CDMA ESN #: |       | GSM SIM #: |       |
| **PLANS** |
| *[Select one]* | [ ]  Plan 1 | [ ]  Plan 2 | [ ]  Plan 3 | [ ]  Plan 4 | [ ]  Plan 5 |
| Megabytes (MB) per month | 1 | 2 | 5 | 10 | Unlimited |
| **BASIC PROVISIONS** |
| * Estimate approximately 75 transactions per 1MB of data usage
* EMV transactions and cellular device updates consume additional data and may affect transaction counts
* Downloading applications or configuration updates may use significant kilobytes or megabytes of data
* Cellular usage in excess of plan allocation is rounded up and billed at $3.95 per MB on all plans
* Data usage cannot exceed 50MB in any month
* Plans are subject to a $25 activation fee
* Plans may be subject to early termination fees
* Pricing is exclusive of applicable taxes and roaming charges
* Prices are subject to change upon 30 days notice
* Plans are subject to ExaDigm Wireless Terms and Conditions
 |
| **SIGNATURE** |
| Your signature below confirms that you have read and agreed to be bound by all associated pricing, provided by ExaDigm along with all Terms and Conditions that can be found at [www.exadigm.com](http://exadigm.com/wp-content/uploads/2017/01/Wireless-Terms-Conditions-01.17.pdf). |
| DBA Name: |       |
| Signature: |       |
| Print Name: |       |
| Date: |       |
| **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH, DEBIT OR CREDIT CARD CHARGE)** |
| Company or Customer Name:       | Taxpayer ID #:       |
| Bill to Address:       | City:       | State:       | Zip Code:       |
| Bill to Phone:       |
| I (we) hereby authorize ExaDigm, Inc., hereinafter called COMPANY to initiate debit entries to my (our) [ ]  Checking / [ ]  Savings Account (please provide copy of a voided check) / [ ]  Credit Card **(check one)** at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. |
| Bank Depository Name:       | Branch #:       |
| City:       |  | State:       | Zip Code:       |
| Routing Number:       | Account Number:       |
| Credit Card Type: [ ]  Visa [ ]  MasterCard [ ]  American Express [ ]  Discover |
| Credit Card Number:       | Credit Card CVV:       | Expiration Date:       |
| This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. |
| Name(s):       |
| Signature(s):       |
| **NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.** |

PLEASE RETURN ALL REQUIRED FORMS TO EXADIGM VIA FAX OR EMAIL

Fax: 949.266.5658 Email: orders@exadigm.com Toll Free: 866.392.8326