

Always On Computing, INC
PAYMENT PLAN

Always On Cloud offers credit card and electronic bank transfer payment options.

Please see the attached document, and fill out the appropriate sections identifying whether you wish to make monthly support payments by credit card or by electronic bank transfer.

(A) COMPANY INFORMATION

Company name _____

Street Address _____

City, State, ZIP _____

Business Telephone# _____

Business Owner Name(s) _____

(B) CONTACT INFORMATION

Primary: Name: _____ Work#: _____

Email: _____ Cell Tel#: _____

Alternate: Name: _____ Work#: _____

Email: _____ Cell Tel#: _____

(C) PAYMENT SCHEDULE / TYPE:

<u>(1) Billing Cycle</u> _____ Annual	<u>(3) Payment Type & Account:</u> _____ Cash
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<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 6 months Other _____ <u>(2) Payment cycle:</u> <input type="checkbox"/> As Billed <input type="checkbox"/> Auto Debit Other _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing#: _____ Account#: _____ <input type="checkbox"/> Credit card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card#: _____ Expiration Date (Month/Year): _____ Security Code (on back): _____
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Customer Signature:

Date:

Terms of Credit Card Sale

- All Sales are final
- All services for Chagres have already been rendered
- Customer Agrees to have this amount withdrawal same day of each month
- Cancellation of service must be received in writing 30 days before next charge.

Office Use Only:

Approved by Always ON Cloud Inc.

Date:

Billing Start Date: _____

Billing Cycle: _____