5555 Glenridge Connector Suite 500 Atlanta, GA 30342

Southern Linc

CriticalLinc Customer Agreement

ORDER FORM - GOV

Atlanta, GA 50542 ORDER FORM - GC												
	Total # of D	evices C	USTOMER TY	PE		BILL TYPE		TAX EXEMPTIC	ONS			
ACCOUNT INFORMATION		Company/ Proprietors Partnershi				Standard		□ Federal Excise □ State Sales Ta □ County Sales T	□ State Sales Tax □ FL S □ County Sales Tax □ FL I		State Telecommunications Tax State Telecommunications Tax Local Telecom – City	
0° S S	ACCOUNT	TYPE						City Sales Tax		JFL Local Te	elecom – County	
Ĭ										Prov Hots	vision Mobile spot	
<u>.</u>	Sales Rep.				Sales Rep Code			Sales Rep. Email Address				
SALES INFO.	Phone Fax					LINC #		Priv	ate ID			
z	Company Name			Contact	Phone Number	, È d	Individual'	s Name				
COMPANY INFORMATION	Contact Person			Title	Individual's Name Individual's Name SSN (new customers only) Driver's License (new customers only) Sales Rep. Initials – SSN and Driver's License							
MPA	Phone Fax			Driver's License (new customers only)								
<u>S</u> Ē	D&B Number Tax ID			Sales Rep. Initials – SSN and Driver's Licens					1			
	Dab Number											
PAYMENT INFO.	Purchase or Lease Leasing Company Name (require				d if a Lease):							
N N	Check (Personal Corp.) – Check # Required: COD COD Electronic Funds (EF) Other Money Order Cashier's Check											
PA I	Credit Card Purchase Order – PO # (required):											
	Email Address:											
o ⊵	By checking this box, you agree to receive marketing email messages from Southern Linc.											
CONTACT INFO.	By checking this box, you agree to receive marketing text messages from Southern Linc, which may be sent through an automatic telephone dialing system, from Southern Linc to the phone											
°	number(s) associated with your account. You may change your contact preferences at any time by visiting https://www.southernlinc.com/preferencecenter											
	Billing Address				Address City			у	State	Zip Code	County	
ADDRESS INFORMATION												
	Shipping Address - Contact:			uite	Address		Cit	у	State Zip Code		County	
ADI	Place of Primary Use (No PO Box) - Contact: Suite			uite	Address		Cit	у	State	Zip Code	County	
	City Limit Designator: 🗌 Inside City Limits ("I") or 🗌 Outside City Limits ("O")											
	Quantity Item #				Item Description Pric					Price	Total	
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EQUIPMENT									_			
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ASE												
RCHASED												
E E	Promotion Code Description				Comments					Installation		
					Pre-Tax Total (Exc				Exclude Ship	oping & Tax) Cost		
	# of Devices	of Devices SERVICE PLAN*			SERVICE PLAN DESCRIPTION					0000	PRICE/MONTH	
SUBSCRIPTIONS												
TH												
SGF												
SuB												
		v available in the South										
TERMS OF SERVICE : By signing below, Customer acknowledges and agrees that: 1) the initial term of service is years (subject to upgrade modifications); 2) a Termination Charge (as defined and described in your Customer Agreement, if applicable) and an activation fee of \$ per device may apply; 3) access services are billed monthly in advance and any partial months will be prorated; 4) a 30-day advanced written notice is required for termination and may be subject to a Termination Charge; 5) any information you provide is true and complete; 6) this Agreement includes, but is not limited to, the terms and conditions of your Customer												
Agreement; and 7) Southern Linc may check the financial status and credit history of Customer or its principal from any sources at any time.												
Authorized Representative (print) Title Authorizing Signature Date											Date	
Sales Rep's Signature Date											Date	