

# Order Form

Software, Equipment, Services

**CLIENT:** \_\_\_\_\_

*Spectrio issued Client No.* \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

New:     Addition:     Renewal:

**ADDRESS:** \_\_\_\_\_

**CITY/ST/Z:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Client Billing**

**Client Shipping Address**

Attn:	Attn:
Address:	Address:
City/St/Z:	City/St/Z:
Email:	Email:
Phone:	Phone:

**Software – Equipment – Services\***

Service/Product	Quantity	Term (months)	Monthly Unit Price	Unit* Price	Total Price
InStore Music subscription	1	24	\$ 20.00	\$	\$ 480.00
			\$	\$	\$
InStore Music Equipment (player)	1	N/A	\$ N/A	\$ 50.00	\$ 50.00
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**SPECTRIO INSTALLATION:** No

**BILLING FREQUENCY\*\* (in advance):** Monthly     Quarterly     Annually

\*\*Invoice for Equipment will be issued upon Client's receipt of Order.

**SPECTRIO AUTOPAY:** Yes     No     -If **Yes:** credit card     or electronic funds transfer (EFT)

If you have elected the ease of automatic payments, a credit card or EFT form will be provided.

**TERM:** 24 (months)

**ORDER Special Terms:**

AutoPay option required if Monthly billing is selected.

**Purchase Order Information:** Is a Purchase Order (PO) required for the purchase or payment of this Order?  Yes  No  
 If Yes, PO Number: \_\_\_\_\_

The pricing in the schedule above\* reflects the monthly per unit fees for the applicable Quantity of Software/Equipment/Services identified under Service/Product. If the schedule reflects a Total Price for Equipment, it will reflect a one time purchase price of the Equipment Quantity set forth above. The Total Price of the Software or Service Monthly Unit Price is based upon the Aggregate Total Number of active subscriptions of the relevant Service purchased. "Aggregate Total Number" as it relates to a subscription, is the aggregate total number of active subscriptions, purchased by the Client executing this Order, commencing on the Start Date of this Order, as measured at the time of execution of the applicable Order. Any price decreases shall have no effect on previously purchased Software, Service or Equipment. Volume discounts do not accumulate across different Spectrio products.

Upon signature by Client and Spectrio, this Order shall become legally binding. Software, Services or Equipment set forth herein are non-cancelable before the expiration of the Term set forth above. This Order Form is governed by the Spectrio Master Services Agreement (MSA) found at [www.spectrio.com/msa-terms-and-conditions](http://www.spectrio.com/msa-terms-and-conditions) unless Client has a written agreement with similarly situated terms and conditions executed by Spectrio for such Software/Equipment/Services identified in Special Terms, in which case such written agreement terms will govern; however, any absent terms related to provision of Service/Product will revert to the MSA. Terms capitalized not defined in this Order are defined in the MSA. For the avoidance of doubt, the applicable MSA takes precedence over the Order in the event of a conflict other than Term or Special Terms, in which case this Order shall take precedence.

**CLIENT:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**SPECTRIO:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Credit Card Authorization

In order to be in compliance with Total Wireless requirements to set up auto-payment, please complete this form and return it to StacyW@Spectrio.com or fax to (813) 448-3841

### Billing Information

Company Name:

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Billing Address:

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Billing State:

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### Credit Card Information

Credit Card Type:

Visa

MasterCard

American Express

Credit Card Number:

---

Expiration Date:

---

### Charge Information

Invoice Number:

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One Time Invoice Charge

Amount to Charge:

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Recurring Invoice Charge

### Authorization Signature

*By signing below, you authorize Spectrio to process any one-time or recurring charge to the account.*

Signature:

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Date:

---

Your Spectrio Account Number:

To Be Determined

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Cardholder Name:

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Billing City:

---

Billing Zip:

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Print:

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For a receipt, please enter your fax # or email address:

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